CHAPTER 13 MONTHLY CASH RECEIPTS AND DISBURSEMENTS

Date this form is due:	Monthly, on the 20th day of the month following the current month being prepared
Form must be sent to:	Chapter 13 Trustee's Office
Attachments to form:	Copies of bank statements and deposit slips used to generate the report
Who uses this form:	Debtors who are self-employed and incur trade credit in the production of income

Pursuant to the Trustee Guidelines and General Order, all debtors who are self-employed and incur trade credit in the production of income must file periodic cash receipts and disbursement reports with the Trustee.

The following are some points to remember when preparing this report:

- Make extra copies of the report before you begin so that you will have blank copies to use for upcoming months.
- Avoid cash transactions and use checking accounts as much as possible.
- Be sure each bank statement has been reconciled before it is attached to the report.
- Be sure to keep a copy of the entire report for your records.
- The Trustee may file a motion to dismiss your case if required reports are not timely sent.
- Be sure the report to the Trustee is signed and dated.

PROFIT & LOSS STATEMENT

Month_____ **Year** _____

(Do not include personal household expenses. Include only business expenses.)

INCOME

1. Gross receipts or sales ..... $ _____
2. Cost of Goods sold:
   a. Purchases ..... $ _____
   b. Cost of labor ..... $ _____
   c. Materials and Supplies ..... $ _____
3. Gross Profit (subtract Line 2 from Line 11) ..... $ 0
4. Other Income ..... $ _____
5. Gross Income (add Lines 3 and 4) ..... $ 0

EXPENSES:

6. Business Property Rent/Lease ..... $ _____
7. Salaries and Wages of Employees ..... $ _____
8. Employee Benefits ..... $ _____
9. Equipment Lease Payments ..... $ _____
10. Secured Debt Payments ..... $ _____
11. Supplies (not included in 2c) ..... $ _____
12. Utilities ..... $ _____
13. Telephone ..... $ _____
14. Repairs & Maintenance ..... $ _____
15. Miscellaneous Office Expense ..... $ _____
16. Advertising ..... $ _____
17. Travel & Entertainment ..... $ _____
18. Professional Fees: ..... $ _____

    Name: _____ Purpose _____
19. Insurance:
    a. Liability $ _____
    b. Property $ _____
    c. Vehicle $ _____
    d. Worker's Compensation $ _____
    e. Other _____ $ _____ $ 0
20. Taxes:
    a. Payroll $ _____
    b. Sales $ _____
    c. Other _____ $ _____ $ 0
21. Total Expenses (add Lines 6 through 20) ..... $ 0

TOTAL PROFIT OR LOSS FOR MONTH

(Subtract Line 21 from Line 5) ..... $ 0

I/WE declare under penalty of perjury that the foregoing statement of information is true and correct to the best of MY/OUR knowledge, information and belief:

Date _____ _____

Debtor Signature

Date _____ _____

Debtor Signature