

**Business Report of Income (Cash) and Expenses**  
 Month \_\_\_\_\_ Year \_\_\_\_\_

**Business Expense Only (DO NOT INCLUDE PERSONAL HOUSEHOLD EXPENSES)**

Name: \_\_\_\_\_

Chapter 13 Number: \_\_\_\_\_

Business Name: \_\_\_\_\_

**(Complete all lines that apply to you.)**

1. Business Cash/Income Received \$ \_\_\_\_\_  
 2. Other Source of Income \$ \_\_\_\_\_

Source of Other income: \_\_\_\_\_

Source of Other income: \_\_\_\_\_

Total Income/Cash \$ \_\_\_\_\_ 0

Expenses (Cash Used)

3. Cost of Goods Sold (From Page 2) \$ \_\_\_\_\_ 0  
 4. Advertising \$ \_\_\_\_\_  
 5. Automobile Expenses \$ \_\_\_\_\_  
 6. Bank Charges \$ \_\_\_\_\_  
 7. Contract Labor (Non-Owners) \$ \_\_\_\_\_  
 8. Insurance \$ \_\_\_\_\_  
 9. Rent - Bldg (Business only) \$ \_\_\_\_\_  
 10. Rent - Business Equipment \$ \_\_\_\_\_  
 11. Repairs and Maintenance \$ \_\_\_\_\_  
 12. Travel, meals, entertainment (Business only) \$ \_\_\_\_\_  
 13. Utilities \$ \_\_\_\_\_  
 14. Supplies \$ \_\_\_\_\_  
 15. Salary/Wages (Non-Owners only) \$ \_\_\_\_\_  
 16. Salary/Wages/Draws (Owners) \$ \_\_\_\_\_  
 17. Accounting and Legal \$ \_\_\_\_\_  
 18. Commissions \$ \_\_\_\_\_  
 19. Employee Health Insurance/Benefits \$ \_\_\_\_\_  
 20. Interest Expense \$ \_\_\_\_\_  
 21. Office Expense \$ \_\_\_\_\_  
 22. Federal Income Taxes Paid \$ \_\_\_\_\_  
 23. State Income Taxes Paid \$ \_\_\_\_\_  
 24. Payroll Taxes (Employer portion) \$ \_\_\_\_\_  
 25. Other (List) \$ \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Total Expenses \$ \_\_\_\_\_ 0

Net Income/Cash \$ \_\_\_\_\_ 0

### Cost of Goods Sold Schedule (COGS)

(Complete this schedule only if you have inventory. DO NOT include any expense listed on this page as an expense on page 1.)

1. Beginning inventory	\$	
2. Purchases less cost of items withdrawn for personal use	\$	
3. Cost of Labor. Do not include any amount paid to yourself	\$	0
4. Materials and Supplies	\$	
5. Other Costs (List)	\$	
6. Total of Lines 1-5	\$	
7. Ending Inventory	\$	0
8. Cost of Goods Sold (Subtract Line 7 from Line 6) (Enter Line 8 on page 1, line 3.)	\$	0

***(The following is to be completed by all Debtors.)***

**ASSETS**

1. List ending cash balances for each account

Bank	Account Number	Prior Month	Current Month	Statement Reconciled? Yes/No

Attach a listing of all checks issued during the month (date, check#, payee, amount, for what).

2. Provide the total of accounts receivable at month-end

	<u>Prior Month</u>	<u>Current Month</u>
Current		0
Over 30		0
Over 60		0
Over 90		0
Total	0	0

3. List amount of inventory.

	<u>Prior Month</u>	<u>Current Month</u>

4. List dates and amounts of payroll paid and amounts and dates of payroll tax deposits.

<u>Payroll for the Period Ended</u>	<u>Amount of Payroll</u>	<u>Date Paid</u>	<u>Amount of Payroll taxes</u>	<u>Date Deposited</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

5. List the amount and due date of any unpaid payroll taxes for state and/or federal unemployment taxes.

<u>State/Federal</u>	<u>Due Date</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. List the amount and due date of any unpaid federal and state income taxes.

<u>State/Federal</u>	<u>Due Date</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

7. Provide the total accounts payable for month-end.

	<u>Prior Month</u>	<u>Current Month</u>
Current	_____	_____
Over 30	_____	_____
Over 60	_____	_____
Over 90	_____	_____
Total	_____	_____

8. List amounts paid to owners and family members this month.

<u>Name</u>	<u>Amount</u>
_____	_____
_____	_____
_____	_____

9. Did the business make all lease/rent payments this month?  Yes  No  Not applicable  
If not, why not?

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10. Did you make all required loan payments this month?  Yes  No  Not applicable  
If not, why not?

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11. Are all required insurance contracts and policies current?  Yes  No  
If no, explain.

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12. Are all required business licenses current?  Yes  No  Not applicable  
If no, explain.

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13. Have you made all Chapter 13 plan payments?  Yes  No  
If not, why not?

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14. Did you receive any cash from the business that was not listed above?  Yes  No  
If yes, list source and amount.

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Did you pay any business expenses not listed above?  Yes  No  
If yes, list expense and amount.

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15. Are you current on all federal and state tax returns?  Yes  No  
If no, list returns not timely filed. \_\_\_\_\_

16. Have you been notified or are you being audited on any federal or state tax return?  
 Yes  No  
If yes, list returns being audited. \_\_\_\_\_

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

Dated: \_\_\_\_\_

\_\_\_\_\_  
Debtor 1 Signature

\_\_\_\_\_  
Debtor 2 Signature