

UNITED STATES TRUSTEE MONTHLY REPORT FOR CHAPTER 13 DEBTORS

Case Name: _____ Case No. _____

A. MONTHLY CASH FLOW STATEMENT for the period _____ to _____

Balance from prior account _____
 (if first report insert opening balance)

Receipts:

Sales (cash only) _____
 Collection of Accounts Receivable _____
 Other Income _____
 TOTAL RECEIPTS _____

Expenditures:

Purchase of Inventory _____
 Net Payroll _____
 Rent _____
 Lease Payments _____
 Payment to Mortgagees _____
 Insurance _____
 Utilities _____
 Taxes (as tallied in tax statement) _____
 Telephone _____
 Supplies _____
 Postage _____
 Outside Labor _____
 Other Expenses _____
 (describe - use supp. sheet if necessary) _____
 TOTAL EXPENDITURES _____
 NET CASH FLOW _____
CASH ON HAND AND IN BANKS
(TO BE CARRIED FORWARD TO NEXT REPORT) _____

B. STATEMENT OF AGED ACCOUNTS PAYABLE

Amount of Postpetition Accounts Payable _____ Over 30 days
 or Unpaid Invoices: _____
 _____ Over 60 days _____
 _____ Over 90 days _____

Signed under the pains and penalties of perjury this _____ day of _____, 20_____.

 Signature and Title

Case Name: _____ Case No. _____

C. INSURANCE EXPIRATION STATEMENT for the period _____ to _____

Policy Expiration Dates:

Workers' Compensation Insurance _____
Liability Insurance _____
Fire Insurance _____
Other (describe) _____

D. STATEMENT OF ACCOUNTS RECEIVABLE

Total Accounts Receivable _____
Amount of Accounts Receivable over 45 days _____
Amount of Accounts Receivable over 90 days _____
Current _____

E. TAX STATEMENT

Gross Payroll for this Period _____

Amount Withheld During Period for: _____

- a. Employees' Federal Income Taxes _____
- b. Employees' FICA Tax _____
- c. Employees' State Income Taxes _____

Taxes Deposited or Paid During This Period for: _____

- * a. Employees' Withheld Fed'l Income Tax _____
- * b. FICA Employer's & Employees' Share _____
- c. Federal Corporate Income Tax _____
- d. FUTA _____
- e. Other Federal Tax (describe) _____
- * f. Employees' Withheld State Income Tax _____
- * g. State Sales/Use of Meals Tax _____
- h. State Corporate Income Tax _____
- i. Other State Tax (describe) _____
- j. Property Tax _____

**TOTAL _____

* Attach photocopies of IRS Form 6123 or similar receipt from state taxing authority to verify that such deposits or payments have been made.

** Enter this figure on the appropriate line on the monthly cash flow statement.

Signed under the pains and penalties of perjury this _____ day of _____, 20____.

Signature and Title