

**UNITED STATES BANKRUPTCY COURT
DISTRICT OF NEVADA (RENO)**

In re:

Case No.

Chapter **13**

341 Hearing Date:

Confirmation Hearing Date:

Debtor(s).

CHAPTER 13 BUSINESS REPORT

Section One: Nature of Business

| | |
|---------------------------|--|
| Name of Business: | |
| Address(es): | |
| Phone: | |
| Number of Employees: | |
| Business Type: | |
| Name of Owners: | |
| Is Business Seasonal? | |
| How Long in Business: | |
| Nature of goods/services: | |
| Why in Bankruptcy: | |

Section Two: Insurance Information

| Insurance Type | Policy Number | Coverage | Expiration Date |
|--------------------------------|----------------------|-----------------|------------------------|
| Business Liability (premises): | | | |
| Business Casualty (contents): | | | |
| Worker's Compensation: | | | |
| Vehicle insurance: | | | |
| Other: | | | |

Section Three: Bank Account Information

| Name of Bank | Purpose of Account | Nature of Account | Account Number |
|---------------------|---------------------------|--------------------------|-----------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Section Four: Inventory Information

[] Attached hereto as **Exhibit A** is a list of all inventory, including goods, furniture, equipment and the market value of such personal property held by the debtor(s) on or about the date of filing for relief.

OR

[] The debtor(s) business has no items of inventory.

Section Five: Income/Expense Information

1. Attached hereto as **Exhibit B** is the projected monthly budget for the business.
2. Attached hereto as **Exhibit C** are actual monthly operating reports for the business for the three months preceding the bankruptcy filing (reports from the Debtor's accounting system may be substituted):

| | |
|-------------|----------|
| Exhibit C-1 | Month of |
| Exhibit C-2 | Month of |
| Exhibit C-3 | Month of |

3. Bank statements (*last 6 months*) are attached herein as **Exhibit C-4**.
4. Copies of the telephone and utility bills for the last 6 months are attached hereto as **Exhibit D**.
5. Attached hereto as **Exhibit E** are copies of any business lease(s).

I (We) declare under the penalty of perjury that the information provided herein is true and correct to the best of my/our knowledge.

Date

Debtor

Joint Debtor

Exhibit B: Projected Monthly Budget

| | |
|--|----------|
| Projected Monthly Gross Income: | \$ _____ |
| Projected Monthly Expenses (from below): | \$ _____ |
| Projected Monthly Net Income: | \$ _____ |

Detail of Projected Monthly Expenses

| | |
|---|----------|
| Purchases of Inventory: | \$ _____ |
| Employee Salaries/Wages: | \$ _____ |
| Debtor Draw (Should agree w/ Sch. I): | \$ _____ |
| Employees Benefits: | \$ _____ |
| Equipment Lease Payments: | \$ _____ |
| Secured Debt Payments: | \$ _____ |
| Rent/Lease Payments: | \$ _____ |
| Utilities (<i>Electric, gas, water, DSL, etc.</i>): | \$ _____ |
| Telephone (<i>include cell phone</i>): | \$ _____ |
| Vehicle expenses (gas, oil, etc.): | \$ _____ |
| Miscellaneous Expenses: | \$ _____ |
| Repairs and Maintenance: | \$ _____ |
| Misc. Office Expenses: | \$ _____ |
| Advertising: | \$ _____ |
| Professional Fees: | \$ _____ |
| Bank Charges | \$ _____ |
| Other: | \$ _____ |
| Other: | \$ _____ |

Insurance

| | |
|-------------------------------|----------|
| Casualty (<i>Contents</i>): | \$ _____ |
| Premises Liability: | \$ _____ |
| Vehicle: | \$ _____ |
| Worker's Compensation: | \$ _____ |
| Other: | \$ _____ |

Taxes

| | |
|---------------------|----------|
| Payroll: | \$ _____ |
| Sales: | \$ _____ |
| Income: | \$ _____ |
| Permits & Licenses: | \$ _____ |
| Other: | \$ _____ |
| Other: | \$ _____ |

Other Expenses

| | |
|--------------------------------------|----------|
| | \$ _____ |
| | \$ _____ |
| | \$ _____ |
| | \$ _____ |
| | \$ _____ |
| | \$ _____ |
| | \$ _____ |
| | \$ _____ |
| | \$ _____ |
| TOTAL BUSINESS DISBURSEMENTS: | \$ _____ |

Exhibit C-1: Monthly Operating Report for the Month ending: _____

A. Cash Flow Statement

| | | |
|--|----|-------|
| Beginning Bank Balance (<i>plus petty cash</i>): | \$ | _____ |
| Total Monthly Business Receipts (<i>deposits</i>): | \$ | _____ |
| Total Business Disbursements below: | \$ | _____ |
| Gain or (Loss): | \$ | _____ |
| Ending Bank Balance: (<i>plus petty cash</i>): | \$ | _____ |

B. Business Expenses/Disbursements

| | | |
|--|----|-------|
| Purchases of Inventory: | \$ | _____ |
| Salaries/Wages: | \$ | _____ |
| Debtor(s)/Employers Draw: | \$ | _____ |
| Employees Benefits: | \$ | _____ |
| Equipment Lease Payments: | \$ | _____ |
| Secured Debt Payments: | \$ | _____ |
| Rent/Lease Payments: | \$ | _____ |
| Utilities (<i>Electric, gas, water, DSL etc.</i>): | \$ | _____ |
| Telephone (<i>include cell phone</i>): | \$ | _____ |
| Vehicle expenses (<i>gas, oil, etc.</i>): | \$ | _____ |
| Miscellaneous Expenses: | \$ | _____ |
| Repairs and Maintenance: | \$ | _____ |
| Misc. Office Expenses: | \$ | _____ |
| Advertising: | \$ | _____ |
| Professional Fees: | \$ | _____ |
| Bank Charges | \$ | _____ |

Taxes

| | | |
|---------------------|----|-------|
| Payroll: | \$ | _____ |
| Sales: | \$ | _____ |
| Income: | \$ | _____ |
| Permits & Licenses: | \$ | _____ |
| Other: | \$ | _____ |
| Other: | \$ | _____ |
| Other: | \$ | _____ |

Other Expenses

| | | |
|-------|----|-------|
| _____ | \$ | _____ |
| _____ | \$ | _____ |
| _____ | \$ | _____ |
| _____ | \$ | _____ |
| _____ | \$ | _____ |
| _____ | \$ | _____ |
| _____ | \$ | _____ |
| _____ | \$ | _____ |
| _____ | \$ | _____ |
| _____ | \$ | _____ |

TOTAL BUSINESS DISBURSEMENTS: \$ _____

Exhibit C-2: Monthly Operating Report for the month of: _____

A. Cash Flow Statement

| | |
|---|----------|
| Beginning Bank Balance (<i>plus petty cash</i>): | \$ _____ |
| Total Monthly Business Receipts(<i>deposits</i>): | \$ _____ |
| Total Business Disbursements below: | \$ _____ |
| Gain or (Loss): | \$ _____ |
| Ending Bank Balance(<i>plus petty cash</i>): | \$ _____ |

B. Detail of Business Expenses/Disbursements

| | |
|--|----------|
| Purchases of Inventory: | \$ _____ |
| Salaries/Wages: | \$ _____ |
| Debtor(s)/Employers Draw: | \$ _____ |
| Employees Benefits: | \$ _____ |
| Equipment Lease Payments: | \$ _____ |
| Secured Debt Payments: | \$ _____ |
| Rent/Lease Payments: | \$ _____ |
| Utilities (<i>Electric, gas, water, DSL etc.</i>): | \$ _____ |
| Telephone (<i>include cell phone</i>): | \$ _____ |
| Vehicle expenses (<i>gas, oil, etc.</i>): | \$ _____ |
| Miscellaneous Expenses: | \$ _____ |
| Repairs and Maintenance: | \$ _____ |
| Misc. Office Expenses: | \$ _____ |
| Advertising: | \$ _____ |
| Professional Fees: | \$ _____ |
| Bank Charges | \$ _____ |

Taxes

| | |
|---------------------|----------|
| Payroll: | \$ _____ |
| Sales: | \$ _____ |
| Income: | \$ _____ |
| Permits & Licenses: | \$ _____ |
| Other: | \$ _____ |
| Other: | \$ _____ |
| Other: | \$ _____ |

Other Expenses

| | |
|--------------------------------------|----------|
| | \$ _____ |
| | \$ _____ |
| | \$ _____ |
| | \$ _____ |
| | \$ _____ |
| | \$ _____ |
| | \$ _____ |
| | \$ _____ |
| | \$ _____ |
| | \$ _____ |
| TOTAL BUSINESS DISBURSEMENTS: | \$ _____ |

Exhibit C-3: Monthly Operating Report for the month of: _____

A. Cash Flow Statement

| | | |
|---|----|-------|
| Beginning Bank Balance (<i>plus petty cash</i>): | \$ | _____ |
| Total Monthly Business Receipts(<i>deposits</i>): | \$ | _____ |
| Total Business Disbursements below: | \$ | _____ |
| Gain or (Loss): | \$ | _____ |
| Ending Bank Balance(<i>plus petty cash</i>): | \$ | _____ |

B. Business Expenses/Disbursements

| | | |
|--|----|-------|
| Purchases of Inventory: | \$ | _____ |
| Salaries/Wages: | \$ | _____ |
| Debtor(s)/Employers Draw: | \$ | _____ |
| Employees Benefits: | \$ | _____ |
| Equipment Lease Payments: | \$ | _____ |
| Secured Debt Payments: | \$ | _____ |
| Rent/Lease Payments: | \$ | _____ |
| Utilities (<i>Electric, gas, water, DSL etc.</i>): | \$ | _____ |
| Telephone (<i>include cell phone</i>): | \$ | _____ |
| Vehicle expenses (<i>gas, oil, etc.</i>): | \$ | _____ |
| Miscellaneous Expenses: | \$ | _____ |
| Repairs and Maintenance: | \$ | _____ |
| Misc. Office Expenses: | \$ | _____ |
| Advertising: | \$ | _____ |
| Professional Fees: | \$ | _____ |
| Bank Charges | \$ | _____ |

Taxes

| | | |
|---------------------|----|-------|
| Payroll: | \$ | _____ |
| Sales: | \$ | _____ |
| Income: | \$ | _____ |
| Permits & Licenses: | \$ | _____ |
| Other: | \$ | _____ |
| Other: | \$ | _____ |
| Other: | \$ | _____ |

Other Expenses

| | | |
|--------------------------------------|----|-------|
| _____ | \$ | _____ |
| _____ | \$ | _____ |
| _____ | \$ | _____ |
| _____ | \$ | _____ |
| _____ | \$ | _____ |
| _____ | \$ | _____ |
| _____ | \$ | _____ |
| _____ | \$ | _____ |
| _____ | \$ | _____ |
| _____ | \$ | _____ |
| TOTAL BUSINESS DISBURSEMENTS: | \$ | _____ |

Exhibit C-4: Bank Statements

The following bank statements are attached:

1. Bank (Business Checking): _____

Statement Dates: _____ to _____

2. Bank (Payroll Account): _____

Statement Dates: _____ to _____

3. Bank (Savings Account): _____

Statement Dates: _____ to _____

4. Bank (Other Account): _____

Statement Dates: _____ to _____

5. Bank (Other Account): _____

Statement Dates: _____ to _____

6. Bank (Other Account): _____

Statement Dates: _____ to _____

7. Bank (Other Account): _____

Statement Dates: _____ to _____

Exhibit D - Utility Bills

1. **Telephone**

Company: _____

Period: _____ to _____

Total of all Bills: \$ _____

Average of Bills: \$ _____

2. **Telephone**

Company: _____

Period: _____ to _____

Total of all Bills: \$ _____

Average of Bills: \$ _____

3. **Utilities**

Company: _____

Period: _____ to _____

Total of all Bills: \$ _____

Average of Bills: \$ _____

4. **Utilities**

Company: _____

Period: _____ to _____

Total of all Bills: \$ _____

Average of Bills: \$ _____

5. **Other**

Company: _____

Period: _____ to _____

Total of all Bills: \$ _____

Average of Bills: \$ _____

Exhibit E- Leases

1. Business Real Property Lease:

Landlord: _____

Monthly Rent: \$ _____

Comments:

2. Personal Property Lease(s):

Lessor: _____

Property Leased: _____

Monthly Rent: \$ _____

Comments:

Lessor: _____

Property Leased: _____

Monthly Rent: \$ _____

Comments:

Lessor: _____

Property Leased: _____

Monthly Rent: \$ _____

Comments:

4. Lease(s) being rejected by the Debtor(s):

| Name of Lessor | Property Leased | Monthly Payment |
|-----------------------|------------------------|------------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |