

UNITED STATES BANKRUPTCY COURT
DISTRICT OF OREGON

In re) Case No. _____
)
)
) APPLICATION FOR
) *INTERIM/FINAL (*Strike One*)
) ACCOUNTANT'S COMPENSATION
)
 Debtor(s))

The applicant, _____, by and through the undersigned has performed accounting services (describe) _____ on behalf of _____. Pursuant to 11 USC §§330, 331, and LBR 2016-1., applicant applies for interim/final (*Strike One*) compensation in this case and also certifies the following is true and correct:

1. *[Unless this is a Final Application] No other applications for compensation have been filed during this hearing trimester. This application covers the time period from _____ through _____.

2. Applicant requests allowance of compensation for: Professional Services of \$ _____; Expenses of \$ _____; for a Total of \$ _____.

3. Applicant was appointed by court order entered on _____, per an Application for Employment filed on _____. The employment order did not specify a rate of compensation except as follows: _____.

4. Applicant's prior requests for compensation in this case are as follows:

<u>Date of Application</u>	<u>Amount Requested</u>		<u>Amount Allowed</u>		<u>Amount Received</u>		<u>Payment Source</u>
	Fees	Expenses	Fees	Expenses	Fees	Expenses	

TOTALS: \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____

5. The professional has not shared or agreed to share any compensation received or to be received for services rendered in connection with this case with the exception of regular members of Applicant's firm.

6. The rate of compensation, number of hours and requested fee for each person included in this application are summarized as follows:

<u>Timekeeper (name & initials)</u>	<u>Title</u>	<u>Hourly Rate</u>	<u>Number Of Hours</u>	<u>Requested Fee</u>
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7. The following schedules must be attached and formatted as described. Attached and incorporated herein by reference are the following schedules.

Schedule A - A narrative summary of services must be provided. Such narrative must include a description of the year and nature of all returns or forms prepared, whether the trustee was required to file such returns or forms, and if not, why they were filed, and any estimated tax savings or other benefit to the estate created by the work.

Schedule B -If the requested compensation in this case is/will be over \$1000, an itemized billing setting forth the names and qualifications of each service provider and, for each entry, the date the service was performed, a detailed description of the service, the name of the service provider, the time expended, the amount charged, and the billing category. Billing categories are to be used pursuant to the directions on page 3. A total amount charged for each billing category must also be set forth.

8. Applicant requests the following expense reimbursement: a. A total of \$_____ for expenses that fall within the limits of LBR 2016-1.C. (no itemization required); AND b. Other (describe each in detail): _____

DATED: _____

Signature

Signer's Name, Relation to Applicant, and Phone #

Address

The trustee/debtor in possession finds the proposed fees to be reasonable and there are presently sufficient funds in the estate to pay them.

Trustee/Debtor in Possession

BILLING CATEGORIES

Each category to be used is numbered. Each itemization must fall within a numbered category. If a numbered category is referred to, it is assumed to include the subset of services listed thereunder. A detailed description of the services provided within each billing category is required.

CATEGORY 1: ORGANIZATION OF FINANCIAL RECORDS

Accumulation of financial information
Review and organize financial data

CATEGORY 2: PAYROLL

Payroll processing for period _____
Payroll tax report preparation for period _____
W-2 Form Preparation for year _____
Forms 1099/1096 for year _____

CATEGORY 3: PERIOD END ACCOUNTING

Analyze and post debtor/trustee prepared financial records
Prepare working trial balance, supporting workpapers, and adjustments
Prepare depreciation schedules
Prepare 2015 reports

CATEGORY 4: TAX RETURN PREPARATION

Prepare tax return form for period ending _____
Review tax return for period ending _____

CATEGORY 5: MISCELLANEOUS

Calculate asset basis
Calculate carryover tax attributes
Court and litigation support
Meeting with ___ to discuss _____
Monthly accounting for trustee
Phone call or letter to ___ for _____
Prepare fee application
Respond to IRS/state notices re: _____
Review tax impact of _____
Other _____