

UNITED STATES BANKRUPTCY COURT
DISTRICT OF OREGON

In re)
) Case No. _____
) EX. D-2
) FINANCIAL REVIEW OF DEBTOR'S
) **NONFARMING** BUSINESS
) [File With the Statement of Affairs in Chapter 12
) and 13 Cases If Debtor Earns Any Income
) From Operation of a NONFARMING Sole
) Proprietorship Business or Debtor or an Insider
 Debtor(s)) Owns 20% or More of a NONFARMING Corporation]

(NOTE: **ONLY INCLUDE** information directly related to the NONfarming business operation. This information is to be from the corporate books where necessary. If an item of Income or Expense does not apply indicate with "N/A.")

ATTACH COPY OF SCHEDULE C FROM PRIOR YEAR'S TAX RETURN (OR EXPLAIN ABSENCE).

INDICATE ACCOUNTING METHOD USED: _____ Cash Basis _____ Accrual Basis

BUSINESS NAME, ADDRESS AND PHONE NUMBER: _____

NATURE AND STARTING DATE OF BUSINESS AND PERCENTAGE OF OWNERSHIP: _____

PROJECTED ANNUAL BUSINESS INCOME:

1. Gross Sales or Receipts	\$ _____	
2. Returns and Allowances	(_____)	
3. Less Cost of Goods Sold	(_____)	
4. Other Income	_____	
5. Gross Income		\$ _____

PROJECTED ANNUAL BUSINESS EXPENSES (DO NOT Include Payments Paid Through Plan):

6. Advertising	_____	
7. Car and Truck Expenses	_____	
8. Commissions and Fees	_____	
9. Secured Debt Including Interest (attach list)	_____	
10. Employee Benefits (other than on line 14)	_____	
11. Insurance (other than health)	_____	
12. Legal and Professional Services	_____	
13. Office Expenses	_____	
14. Pension/Profit-Sharing Plans	_____	
15. Rent or Leases		
a. Vehicles, Machinery, Equipment (attach list)	_____	
b. Other Business Property (attach list)	_____	
16. Repairs and Maintenance	_____	
17. Supplies (if not included in line 3)	_____	
18. Taxes and Licenses		
a. Payroll Taxes	_____	
b. Income/Self-Employment Tax	_____	
c. Other Taxes/Licenses	_____	
19. Travel	_____	
20. Meals and Entertainment	_____	
21. Utilities	_____	
22. Wages	_____	
23. Other expenses (list separately): _____	_____	
_____	_____	
_____	_____	

24. Total Expenses \$ _____

PROJECTED ANNUAL NET INCOME (line 5 less line 24) \$ _____

ESTIMATED AVERAGE NET MONTHLY INCOME \$ _____

(Attach explanation if not same as amount listed on Schedule I for the question "Regular income from operation of business ...")