DEBTOR: _____

CASE NO: _____

INITIAL FINANCIAL REPORT
CHAPTER 11
COVERSHEET

_____
Date of Report

THIS REPORT IS DUE 20 DAYS AFTER THE PETITION FILING DATE

Mark One Box For Each Required Document

Debtor must attach each of the following documents or a satisfactory explanation for failure to attach a document. File original with the Clerk of Court. Transmit a duplicate to the U.S. Trustee.

Document Attached	Previously Submitted	Explanation Attached	REQUIRED DOCUMENTS
☐	☐	☐	1. Latest Fiscal Year Financial Statements or Tax Returns.
☐	☐	☐	2. Balance Sheet as of Month End Immediately Preceding Filing or Appropriate Tax Return.
☐	☐	☐	3. Profit and Loss Statement For Month immediately Preceding Filing or Appropriate Tax Return.
			4. Proof of Insurance Coverage
☐	☐	☐	A. General Liability Coverage
☐	☐	☐	B. Property (Fire, Theft, etc.) Insurance
☐	☐	☐	C. Workers' Compensation Insurance
☐	☐	☐	D. Vehicle Insurance
☐	☐	☐	E. Other:_____
☐	☐	☐	5. Projected Revenue, Expenses, and Cash Flow for First 120 Days (or longer) of Post Petition Operations
			6. Name and Address of Financial Institution, Account Number and Sample Voided Check For Each Debtor in Possession Bank Account
☐	☐	☐	A. General Account
☐	☐	☐	B. Payroll Account
☐	☐	☐	C. Tax Account

I declare under penalty of perjury that the following Initial Financial Report, and any attachments thereto, is true and correct to the best of my knowledge and belief.

Executed on: _____

Debtor(s): _____

By _____

Position: _____

DEBTOR: _____

MONTHLY FINANCIAL REPORT
CHAPTER 11

CASE NO: _____

For Period _____ to _____, _____

COVER SHEET

Accounting Method Used: ☐ Accrual Basis ☐ Cash Basis

THIS REPORT IS DUE 15 DAYS AFTER THE END OF THE MONTH

Mark One Box For Each Required Document

Debtor must attach each of the following reports/documents unless the U.S. Trustee has waived the requirement in writing. File the original with the Clerk of Court. Transmit a duplicate, with original signature, to the U.S. Trustee.

Report/Document Attached	Previously Waived	REQUIRED REPORTS/DOCUMENTS
☐	☐	Cash Receipts & Disbursements Statement (Form 2-B)
☐	☐	Balance Sheet (Form 2-C)
☐	☐	Profit and Loss Statement (Form 2-D)
☐	☐	Supporting Schedules (Form 2-E)
☐	☐	Quarterly Fee Summary (Form 2-F)
☐	☐	Narrative (Form 2-G)
☐	☐	Bank Statement(s) for Debtor in Possession Account(s)

I declare under penalty of perjury that the following Monthly Financial Report, and any attachments thereto, is true and correct to the best of my knowledge and belief.

Executed on: _____

Debtor(s): _____

By _____

Position: _____

DEBTOR: _____ CASE NO: _____

CASH RECEIPTS AND DISBURSEMENTS STATEMENT

For Period _____ to _____,_____

CASH RECONCILIATION

1. Beginning Cash Balance (Ending Cash Balance from last month's report) $ _____
2. Cash Receipts (from Cash Receipts Journal on next page) $ _____
3. Cash Disbursements (from Cash Disbursements Journal on next page) (_____)
4. Net Cash Flow (line 2 minus line 3) _____
5. Ending Cash Balance (to Form 2-C) $ _____

CASH SUMMARY - ENDING BALANCE

	Amount	Financial Institution
Petty Cash	$ _____	_____
Regular Checking	_____	_____
Tax Account	_____	_____
Other Checking Accounts	_____	_____
Interest-Bearing Deposits	_____	_____
Short-Term Investments	_____	_____
TOTAL (must agree with line 5 above)	$ 0	

CASH RECEIPTS AND DISBURSEMENTS STATEMENT

For Period _____ to _____,_____

CASH RECEIPTS JOURNAL
(attach additional sheets as necessary)

Date	Description (Source)	Amount

Total Cash Receipts (to line 2 of Cash Reconciliation, $ _____

CASH DISBURSEMENTS JOURNAL
(attach additional sheets as necessary)

Date	Check Nos.	Payee	Description (Purpose)	Amount

Total Cash Disbursements (from line 3 of Cash Reconciliation) $ _____

DEBTOR: _____ CASE NO: _____

BALANCE SHEET - As of _____, _____

ASSETS

Current Assets:			
Cash (**from Form 2-B, line 5**)	$ _____		
Accounts Receivable (**from Form 2-E**)	_____		
Receivable from Officers, Employees, Affiliates	_____		
Inventory	_____		
Other Current Assets: _____	_____		
_____	_____		
Total Current Assets		$	_____
Fixed Assets:			
Land	_____		
Building	_____		
Equipment, Furniture and Fixtures	_____		
Total Fixed Assets	_____		
Less: Accumulated Depreciation	(_____)		
Net Fixed Assets			
_____			
Other Long Term Assets: _____	_____		
_____	_____		
TOTAL ASSETS			_____

LIABILITIES

Post Petition Liabilities:		
Accounts Payable (**from Form 2-E**)	_____	
Notes Payable	_____	
Rents and Leases Payable	_____	
Taxes Payable (**from Form 2-E**)	_____	
Accrued Interest	_____	
Other: _____	_____	
_____	_____	
Total Post Petition Liabilities		$ _____
Pre-Petition Liabilities:		
Priority Claims	_____	
Secured Debt	_____	
Unsecured Dept	_____	
Total Pre-Petition Liabilities		_____
TOTAL LIABILITIES		$_____

OWNERS' EQUITY

Capital Stock or Owners' Investment	$ _____	
Paid-In Capital	_____	
Retained Earnings:		
Pre Petition	_____	
Post Petition	_____	
TOTAL OWNERS' EQUITY		$ _____
TOTAL LIABILITIES AND OWNERS' EQUITY		$ _____

DEBTOR: _____ CASE NO: _____

PROFIT AND LOSS STATEMENT

For Period _____ to _____, _____

Gross Operating Revenue		$ _____		
Less: Discounts, Returns and Allowances		(_____)		
Net Operating Revenue			$	_____
Cost of Goods Sold				_____
Gross Profit				_____
Operating Expenses:				
Salaries and Wages		_____		
Rents and Leases		_____		
Payroll Taxes		_____		
Other (list):	_____	_____		
	_____	_____		
Total Operating Expenses				_____
Operating Income (Loss)				_____
Legal and Professional Fees				_____
Depreciation, Depletion and Amortization				_____
Interest Expense				_____
Net Operating Income (Loss)				_____
Non-Operating Income and Expenses				
Other Non-Operating (Expenses)		_____		
Gains (Losses) on Sale of Assets		_____		
Interest Income		_____		
Other Non-Operating Income		_____		
Net Non-Operating Income or (Expenses)			_____	
Net Income (Loss) Before Income Taxes				_____
Federal and State Income Tax Expense (Benefit)				_____
NET INCOME (LOSS)			$	_____

DEBTOR: _____ CASE NO: _____

SUPPORTING SCHEDULES
For Period _____ to _____, _____

POST-PETITION TAXES PAYABLE SCHEDULE

	Beginning Balance	Additions	Payments / Deposits	Date Paid	Check No.	Ending Balance
Income Tax Withheld:						
Federal	$ _____	_____	_____	_____	_____	_____
State	_____	_____	_____	_____	_____	_____
FICA Tax Withheld	_____	_____	_____	_____	_____	_____
Employer's FICA Tax	_____	_____	_____	_____	_____	_____
Unemployment Tax:						
Federal	_____	_____	_____	_____	_____	_____
State	_____	_____	_____	_____	_____	_____
Sales, Use &	_____	_____	_____	_____	_____	_____
Excise Taxes	_____	_____	_____	_____	_____	_____
Property Taxes	_____	_____	_____	_____	_____	_____
Accrued Income Tax:						
Federal	_____	_____	_____	_____	_____	_____
State	_____	_____	_____	_____	_____	_____
Other:	_____	_____	_____	_____	_____	_____
TOTALS (Post Petition) (Ending Balance to Form 2-C)	$ _____	_____	_____	_____	_____	_____

INSURANCE SCHEDULE

	Carrier / Agent	Amount of Coverage	Policy Expiration Date	Premium Paid Through Date
Workers' Compensation	_____	$ _____	_____/____/____	_____/____/____
General Liability	_____	_____	_____/____/____	_____/____/____
Property (Fire, Theft)	_____	_____	_____/____/____	_____/____/____
Vehicle	_____	_____	_____/____/____	_____/____/____
Other (list):	_____	_____	_____/____/____	_____/____/____

SUPPORTING SCHEDULES

For Period _____ to _____, _____

ACCOUNTS RECEIVABLE AND POST-PETITION PAYABLE AGING

Due		Accounts Receivable	Post Petition Accounts Payable
Under 30 days		$ _____	$ _____
30 to 60 days		_____	_____
61 to 90 days		_____	_____
91 to 120 days		_____	_____
Over 120 days		_____	_____
Total Post Petition		_____	XXXXXXXXXXXXXXXX
Pre Petition Amounts		_____	XXXXXXXXXXXXXXXX
Total Accounts Receivable	$	_____	XXXXXXXXXXXXXXXX
Less: Bad Debt Reserve		(_____)	XXXXXXXXXXXXXXXX
Net Accounts Receivable (to Form 2-C)		$ _____	XXXXXXXXXXXXXXXX
Total Post Petition Accounts Payable (to Form 2-C)			$ _____

SCHEDULE OF PAYMENTS TO ATTORNEYS AND OTHER PROFESSIONALS

	Amount Paid	Date of Court Approval	Estimated Balance Due*
Debtor's Counsel	$ _____	_____	$ _____
Counsel for Unsecured Creditors' Committee	_____	_____	_____
Trustee's Counsel	_____	_____	_____
Accountant	_____	_____	_____
Other: _____	_____	_____	_____

*Balance due to include fees and expenses incurred but not yet paid.

SCHEDULE OF PAYMENTS AND TRANSFERS TO PRINCIPALS / EXECUTIVES**

Payee Name	Position	Nature of Payment	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**List payments and transfers of any kind and in any form made to or for the benefit of any proprietor, owner, partner, shareholder, officer or director.

DEBTOR: _____ CASE NO: _____

QUARTERLY FEE SUMMARY(1)

Month Ended _____, _____

Payment Date	Cash Disbursements(2)	Quarterly Fee Due	Check No.	Date
January	_____			
February	_____			
March	_____			
TOTAL 1st Quarter	$ _____	_____	_____	_____
April	_____			
May	_____			
June	_____			
TOTAL 2nd Quarter	$ _____	_____	_____	_____
July	_____			
August	_____			
September	_____			
TOTAL 3rd Quarter	$ _____	_____	_____	_____
October	_____			
November	_____			
December	_____			
TOTAL 4th Quarter	$ _____	_____	_____	_____

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(1) *This Summary is to reflect the current calendar year's information cumulative to the end of the reporting period.*

(2) *Should agree with line 3, FORM 2-B, Disbursements are net of transfers to other debtor in possession bank accounts.*

CHAPTER 11 QUARTERLY FEES

FEE SCHEDULE		
TOTAL QUARTERLY DISBURSEMENTS		QUARTERLY FEE
-0- to	$ 14,999.00	$ 250.00
$ 15,000.00 to	$ 74,999.00	500.00
75,000.00 to	149,999.00	750.00
150,000.00 to	224,999.00	1,250.00
225,000.00 to	299,999.00	1,500.00
300,000.00 to	999,999.00	3,750.00
1,000,000.00 to	1,999,999.00	5,000.00
2,000,000.00 to	2,999,999.00	7,500.00
3,000,000.00 to	4,999,999.00	8,000.00
5,000,000.00	or more	10,000.00

Failure to pay the quarterly fee is cause for conversion or dismissal of the Chapter 11 case [11 USC §1112(b)(10)].

Checks are to be made payable to The United States Trustee and mailed to the address set forth below. Fees are not to be mailed or delivered to the local Office of the United States Trustee. If any check is returned “unpaid” for any reason, all subsequent payments must be made by way of cashier’s check, certified check, or money order.

To ensure proper credit, it is imperative that the debtor in possession and Chapter 11 Trustee write the case number on each check and remit the payment with the coupon provided with the quarterly billing. A separate check and coupon is required for each quarterly payment even if more than one quarterly fee is paid at the same time.

Send all payments to: UNITED STATES TRUSTEE PAYMENT CENTER
P.O. Box 198246
Atlanta, GA 30384

DEBTOR: _____ CASE NO:_____

NARRATIVE

For Period _____ to _____, _____

Please provide a brief description of the significant business and legal actions taken by the debtor, its creditors or the court during the reporting period.

_____

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