

SUMMARY OF RECEIPTS AND DISBURSEMENTS

FOR THE PERIOD BEGINNING _____ AND ENDING _____

Name of Debtor: _____ Case Number _____

Date of Petition: _____

| | <u>CURRENT MONTH</u> | <u>CUMULATIVE PETITION TO DATE</u> |
|--|--------------------------|--|
| 1. FUNDS AT BEGINNING OF PERIOD | _____ | _____ |
| 2. RECEIPTS: | | |
| A. Sales | _____ | _____ |
| Less: Refunds | _____ | _____ |
| Net Sales | _____ | _____ |
| B. Collection on Postpetition A/R | _____ | _____ |
| C. Collection on Prepetition A/R | _____ | _____ |
| D. Other Receipts (Attach List) | _____ | _____ |
| (If you receive rental income, you must attach a rent roll.) | | |
| 3. TOTAL RECEIPTS | _____ | _____ |
| 4. TOTAL FUNDS AVAILABLE FOR OPERATIONS (Line 1 + Line 3) | _____ | _____ |
| 5. DISBURSEMENTS | | |
| A. United States Trustee Quarterly Fees | _____ | _____ |
| B. Net Payroll | _____ | _____ |
| C. Payroll Taxes Paid | _____ | _____ |
| D. Sales and Use Taxes | _____ | _____ |
| E. Other Taxes | _____ | _____ |
| F. Rent | _____ | _____ |
| G. Other Leases (Attachment 3) | _____ | _____ |
| H. Telephone | _____ | _____ |
| I. Utilities | _____ | _____ |
| J. Travel & Entertainment | _____ | _____ |
| K. Vehicle Expenses | _____ | _____ |
| L. Office Supplies | _____ | _____ |
| M. Advertising | _____ | _____ |
| N. Insurance (Attachment 7) | _____ | _____ |
| O. Purchases of Fixed Assets | _____ | _____ |
| P. Purchases of Inventory | _____ | _____ |
| Q. Manufacturing Supplies | _____ | _____ |
| R. Repairs & Maintenance | _____ | _____ |

S. Payments to Secured Creditors
T. Other Operating Expenses
(Attach List)

6. TOTAL DISBURSEMENTS

7. ENDING BALANCE
(Line 4 - Line 6)

I declare under penalty of perjury that this statement and the accompanying documents and reports are true and correct to the best of my knowledge and belief.

This _____ day of _____, 200__ .

Signature

Print Name and Title of Person Signing Report

ATTACHMENT 1

MONTHLY ACCOUNTS RECEIVABLE AGING AND RECONCILIATION

Name of Debtor: _____ Case Number: _____
Reporting Period beginning _____ and ending _____

ACCOUNTS RECEIVABLE AT PETITION DATE: _____

ACCOUNTS RECEIVABLE RECONCILIATION (Include all accounts receivable, pre-petition and post-petition, including charge card sales which have not been received):

| | |
|-----------------------------------|-------|
| Beginning of Month Balance | _____ |
| PLUS: Current Month New Billings | _____ |
| LESS: Collection During the Month | _____ |
| End of Month Balance | _____ |

AGING: (Show the total amount for each age group of accounts incurred since filing the petition)

| 0-30 Days | 31-60 Days | 61-90 Days | Over 90 Days | Total |
|-----------|------------|------------|--------------|-------|
|-----------|------------|------------|--------------|-------|

ATTACHMENT 2

MONTHLY ACCOUNTS PAYABLE AND SECURED PAYMENTS REPORT

Name of Debtor: _____ Case Number: _____

Reporting Period beginning _____ and ending _____

In the space below list all invoices or bills incurred and not paid since the filing of the petition.
Do not include amounts owed prior to filing the petition.

| <u>Date</u> <u>Incurred</u> | <u>Days</u> <u>Outstanding</u> | <u>Vendor</u> | <u>Description</u> | <u>Amount</u> |
|--------------------------------|-----------------------------------|---------------|--------------------|---------------|
|--------------------------------|-----------------------------------|---------------|--------------------|---------------|

ACCOUNTS PAYABLE RECONCILIATION (Post Petition Only):

| | |
|---|-------|
| Opening Balance (total from prior report) | _____ |
| PLUS: New Indebtedness Incurred This Month | _____ |
| LESS: Amount Paid on Prior Accounts Payable | _____ |
| Ending Month Balance | _____ |

SECURED; List the status of Payments to Secured Creditors and Lessors (Post Petition Only)

| <u>Secured</u> <u>Creditor/</u> <u>Lessor</u> | <u>Date</u> <u>Payment</u> <u>Due</u> | <u>Payment</u> <u>Amount</u> | <u>Number</u> <u>of Post</u> <u>Petition</u> <u>Payments</u> <u>Delinquent</u> | <u>Total</u> <u>Amount of</u> <u>Post Petition</u> <u>Payments</u> <u>Delinquent</u> |
|---|---|---------------------------------|--|--|
|---|---|---------------------------------|--|--|

ATTACHMENT 3

INVENTORY AND FIXED ASSETS REPORT

Name of Debtor: _____ Case Number: _____

Reporting Period beginning _____ and ending _____

INVENTORY REPORT

INVENTORY BALANCE AT PETITION DATE: _____

INVENTORY RECONCILIATION:

| | |
|---|-------|
| Inventory Balance at Beginning of Month | _____ |
| Inventory Purchased During Month | _____ |
| Inventory Used or Sold | _____ |
| Inventory on Hand at End of Month | _____ |

METHOD OF COSTING INVENTORY: _____

FIXED ASSET REPORT

FIXED ASSETS FAIR MARKET VALUE AT PETITION DATE: _____
(Includes Property, Plant and Equipment)

BRIEF DESCRIPTION (First Report Only): _____

FIXED ASSETS RECONCILIATION:

| | |
|--|-------|
| Fixed Asset Book Value at Beginning of Month | _____ |
| LESS: Depreciation Expense | _____ |
| PLUS: New Purchases | _____ |
| Ending Monthly Balance | _____ |

BRIEF DESCRIPTION OF FIXED ASSETS PURCHASED OR DISPOSED OF DURING THE REPORTING PERIOD: _____

ATTACHMENT 4

MONTHLY BANK ACCOUNT SUMMARY

Name of Debtor: _____ Case Number: _____

Reporting Period beginning _____ ending _____

A separate sheet is required for each bank account, including all savings and investment accounts, i.e. certificates of deposits, money market accounts, stocks and bonds, etc.

NAME OF BANK: _____ BRANCH: _____

ACCOUNT NAME: _____

ACCOUNT NUMBER: _____

PURPOSE OF ACCOUNT: _____

| | |
|--------------------------------|-------|
| Beginning Balance | _____ |
| Total of Deposits Made | _____ |
| Total Amount of Checks Written | _____ |
| Service Charges | _____ |
| Closing Balance | _____ |

| | |
|--|-------|
| Number of First Check Written This Period | _____ |
| Number of Last Check Written This Period | _____ |
| Total Number of Checks Written This Period | _____ |

INVESTMENT ACCOUNTS

| <u>Type of</u> <u>Negotiable</u> <u>Instrument</u> | <u>Face Value</u> | <u>Purchase Price</u> | <u>Date of Purchase</u> |
|--|-------------------|-----------------------|-------------------------|
|--|-------------------|-----------------------|-------------------------|

ATTACHMENT 5

CHECK REGISTER

Name of Debtor: _____ Case Number: _____

Reporting Period beginning _____ and ending _____

NAME OF BANK: _____ BRANCH: _____

ACCOUNT NAME: _____

ACCOUNT NUMBER: _____

PURPOSE OF ACCOUNT: _____

Account for All Check Numbers, Including Voided, Lost, Stopped Payment, Etc.

| <u>Date</u> _____ | <u>Check Number</u> _____ | <u>Payee</u> _____ | <u>Purpose</u> _____ | <u>Amount</u> _____ |
|-------------------|---------------------------|--------------------|----------------------|---------------------|
|-------------------|---------------------------|--------------------|----------------------|---------------------|

ATTACHMENT 6

MONTHLY TAX REPORT

Name of Debtor: _____ Case Number: _____

Reporting Period beginning _____ and ending _____

TAXES PAID DURING THE MONTH

Report all post-petition taxes paid directly or deposited into the tax account.

| <u>Date</u> | <u>Bank</u> | <u>Description</u> | <u>Amount</u> |
|-------------|-------------|--------------------|---------------|
|-------------|-------------|--------------------|---------------|

TAXES OWED AND DUE

Report all unpaid post-petition taxes including Federal and State withholding FICA, State sales tax, property tax, unemployment tax, and State workers' compensation. Date last tax return filed _____ . Period _____ .

| <u>Name of Taxing Authority</u> | <u>Date Payment Due</u> | <u>Description</u> | <u>Amount</u> |
|---------------------------------|-------------------------|--------------------|---------------|
|---------------------------------|-------------------------|--------------------|---------------|

ATTACHMENT 7

SUMMARY OF OFFICER OR OWNER COMPENSATION

SUMMARY OF PERSONNEL AND INSURANCE COVERAGES

Name of Debtor: _____ Case Number: _____

Reporting Period beginning _____ and ending _____

Report all compensation received during the month. Do not include reimbursement for expenses incurred for which you have receipts.

| <u>Name of Officer or Owner</u> | <u>Title</u> | <u>Amount Paid</u> |
|---------------------------------|--------------|--------------------|
|---------------------------------|--------------|--------------------|

PERSONNEL REPORT

| | Full Time | Part Time |
|---|-----------|-----------|
| Number of employees at beginning of period | _____ | _____ |
| Number hired during the period | _____ | _____ |
| Number terminated or resigned during period | _____ | _____ |
| Number of employees on payroll at end of period | _____ | _____ |

CONFIRMATION OF INSURANCE

List all policies of insurance in effect, including but not limited to workers' compensation, liability, fire, theft, comprehensive, vehicle, health and life.

| <u>Carrier</u> | <u>Agent & Phone Number</u> | <u>Policy No.</u> | <u>Coverage Type</u> | <u>Expiration Date</u> | <u>Date Premium Due</u> |
|----------------|---------------------------------|-------------------|----------------------|------------------------|-------------------------|
|----------------|---------------------------------|-------------------|----------------------|------------------------|-------------------------|

ATTACHMENT 8

SIGNIFICANT DEVELOPMENTS DURING REPORTING PERIOD

We anticipate filing a Plan of Reorganization and Disclosure Statement on or before:

_____.