

INCOME STATEMENT
 [Business only, DO NOT include personal or household]

NAME: _____
 CASE NO: _____

YEAR: _____
 QUARTER: 1st 2nd
 3rd 4th

REVENUE:

- | | |
|--|----------|
| 1. Gross receipts and sales | \$ _____ |
| 2. Cost of goods sold | \$ _____ |
| 3. Gross profits (subtract line 2 from line 1) | \$ _____ |

EXPENSES:

- | | |
|---|----------|
| 4. Business property rent/lease | \$ _____ |
| 5. Salaries & wages of owner | \$ _____ |
| 6. Salaries & wages of employees | \$ _____ |
| 7. Employee benefits | \$ _____ |
| 8. Equipment lease payments | \$ _____ |
| 9. Supplies (not included on line 2) | \$ _____ |
| 10. Utilities | \$ _____ |
| 11. Telephone | \$ _____ |
| 12. Repairs & maintenance | \$ _____ |
| 13. Miscellaneous office expenses | \$ _____ |
| 14. Advertising | \$ _____ |
| 15. Travel & entertainment | \$ _____ |
| 16. Professional fees | \$ _____ |
| 17. Insurance (total) | \$ _____ |
| a. Liability | \$ _____ |
| b. Property | \$ _____ |
| c. Vehicle(s) | \$ _____ |
| d. Workers compensation | \$ _____ |
| e. Other | \$ _____ |
| 18. Taxes (total) | \$ _____ |
| a. Payroll | \$ _____ |
| b. Sales | \$ _____ |
| c. Other | \$ _____ |
| 19. Other business expenses | \$ _____ |
| 20. Total Expenses (add lines 4 through 19) | \$ _____ |
| 21. Income from business (subtract line 20 from line 3) | \$ _____ |

NAME _____
CASE NO. _____

NON-BUSINESS REVENUE & EXPENSE

22. Other revenue (Specify below)	\$
_____	\$
_____	\$
_____	\$
23. Other expenses (Specify below)	\$
_____	\$
_____	\$
_____	\$
24. Net Income (add lines 21, 22, and 23)	\$

I/We declare under penalty of perjury that the above information is true and correct to the best of my/our knowledge and belief.

DATED: _____

Debtor

Co-Debtor (if applicable)

THIS FORM IS DUE BY THE LAST DAY OF THE MONTH FOLLOWING THE END OF THE QUARTER.

Quarterly Business Report

Debtor's Name: _____
 Case Number: _____
 Business Name: _____
 Business Address: _____

 Business Phone Number: _____
 Type of Business: _____

ASSETS

1. List reconciled ending cash balances for each account.

<u>Bank</u>	<u>Account Number</u>	<u>Prior Quarter</u>	<u>Current Quarter</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. Provide the total amounts receivable at quarter-end.

	<u>Prior Quarter</u>	<u>Current Quarter</u>
Current	_____	_____
Over 30	_____	_____
Over 60	_____	_____
Over 90	_____	_____
Total	_____	_____

3. List amount of inventory <cost basis>

<u>Prior Quarter</u>	<u>Current Quarter</u>
_____	_____

4. List dates and amounts of payroll paid and amounts and dates of payroll tax deposits.
 (Attach photocopies of validated bank deposits.)

<u>Payroll for the Period Ended</u>	<u>Amount of Payroll</u>	<u>Date Paid</u>	<u>Amount of Payroll Taxes</u>	<u>Date Deposited</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

5. Taxes (Check if filed/paid and put the date)

	<u>Filed</u>	<u>Date</u>	<u>Paid</u>	<u>Date</u>
Income	_____	_____	_____	_____
Personal	_____	_____	_____	_____
Business	_____	_____	_____	_____
Employee	_____	_____	_____	_____
Sales	_____	_____	_____	_____
Other(describe) _____	_____	_____	_____	_____

6. List the amount and due date of any unpaid payroll taxes for state and/or federal unemployment taxes.

<u>State/Federal</u>	<u>Due Date</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

7. List the amount and due date of any unpaid sales taxes for each state.

<u>State/Federal</u>	<u>Due Date</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

8. Provide the total accounts payable for Quarter-end:

	<u>Prior Quarter</u>	<u>Current Quarter</u>
Current	_____	_____
Over 30	_____	_____
Over 60	_____	_____
Over 90	_____	_____
Total	_____	_____
	_____	_____

9. List amounts paid to owners and family members this Quarter.

<u>Name</u>	<u>Amount</u>
_____	_____
_____	_____

10. Insurance

	<u>Coverage</u>	<u>Liability</u>	<u>Workers Compensation</u>
Carrier:	_____	_____	_____
Expiration Date:	_____	_____	_____

I/We declare under penalty of perjury that the above information is true and correct to the best of my/our knowledge and belief.

DATED: _____

Debtor

Co-Debtor (if applicable)

THIS FORM IS DUE BY THE LAST DAY OF THE MONTH FOLLOWING THE END OF THE QUARTER.