

**UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF NORTH CAROLINA**

In Re:

Case No.:

**MONTHLY REPORT OF CORPORATE DEBTOR IN POSSESSION/TRUSTEE
FOR THE MONTH OF _____, 20__.**

I. Summary of Business Operations:

1 (a). Please summarize Debtor's activities for the month:

(b) Did operations meet the Debtor's expectations/projections this month? If no, what affected profitability?

2. Did the Debtor have any significant receipts or disbursements this month that were "one time only," that will not necessarily occur in each month going forward? (i.e receipt of insurance proceeds, receipt of refunds, payment of annual or quarterly premiums, large repair expenses, etc.) If yes, please describe:

3. Does the Debtor expect to make any changes to its business in the next 30 days? If yes, please describe:

II. Summary of Chapter 11 Activities

1. Were any transactions this month outside of the ordinary course of business? (i.e. sale of property, loans from third parties, large purchases, etc.) If yes, please describe:

2. What steps has the Debtor taken toward reorganization or liquidation?

I declare under penalty or perjury that the information contained in this report is true and correct to the best of my knowledge and belief.

Respectfully submitted this _____, day of _____, 20__.

Title: _____ Signature: _____

Attorney for Debtor: _____ Date: _____

Name
Address
Phone number

**ATTACHMENT TO CHAPTER 11 MONTHLY REPORT
FOR THE MONTH OF _____, 20**

PART A:

CERTIFICATIONS

1. Yes___ No___ All post-petition taxes [tax obligations arising after the chapter 11 petition was filed] are currently paid or deposited.
2. Yes___ No___ All tax returns coming due post-petition have been filed or extensions granted.
3. Yes___ No___ All administrative expenses [post-petition obligations] other than taxes are current.
4. Yes___ No___ All insurance remains in full force and effect in accordance with Local Bankruptcy Rule No. 4002-1(b)(1)(c).
5. Yes___ No___ New books and records were opened as of the petition date and are being maintained monthly and are current.
6. Yes___ No___ New DIP bank accounts were opened and are reconciled in accordance with Local Bankruptcy Rule No. 4002-1(b)(1).
7. Yes___ No___ Pre-petition bank accounts have been closed.
8. Yes___ No___ Prepetition debts [obligations due on or before the filing of the case] have not been paid *since the filing of this case*.
9. Yes___ No___ Prepetition debts [obligations due on or before the filing of the case] have not been paid *this reporting period*.
10. Yes___ No___ The only transfers of property made during this period were transfers which were in the ordinary course of business.
11. Yes___ No___ Estate funds which are on deposit in banking institutions are fully covered by FDIC or FSLIC insurance of \$250,000.00.
12. Yes___ No___ Copies of the corresponding bank statements are attached for each open account.
13. Yes___ No___ If this report falls on the calendar quarter, the Debtor has paid the Chapter 11 quarterly fee.

IF THE ANSWER TO ANY OF THE CERTIFICATIONS ABOVE IS NO, PLEASE PROVIDE EXPLANATION ON SUPPLEMENT TO PART A.

SUPPLEMENT TO PART A:

EXPLANATION OF CERTIFICATIONS REFLECTED AS "NO"

1. Post-petition taxes not current or not deposited:

Type _____ and amount \$___ unpaid or not deposited.

Type _____ and amount \$___ unpaid or not deposited.

When will the Debtor bring these taxes current?:

2. Tax returns not filed:

3. Administrative expenses [post-petition] other than taxes not current:

Type _____ and amount \$___ unpaid.

Type _____ and amount \$___ unpaid.

When will the Debtor bring these payments current?:

4. Description of uninsured estate property, reasons why and steps implemented to obtain insurance:

a.

b.

5. Reason/explanation why new books and records have not been opened:

6. Reason/explanation why new bank accounts have not been opened:

7. Reason/explanation why old bank accounts have not been closed:

8. List all prepetition debts which were paid since the petition date including the name and address of the creditor paid, the amount paid, and the justification for the payment. [do not include payments to secured creditors or lessors under an adequate protection agreement.]

9. List all prepetition debts paid this reporting period in the format identified in #8 above:

10. List all property which was sold/transferred outside the ordinary course of business and whether prior authority for such transfer[s] was obtained from the court:
11. If funds are not fully covered by FDIC or FSLIC insurance of \$100,000.00, provide name of bank[s] wherein estate monies are deposited and the balance of all accounts therein.
12. Reason/explanation why bank statements were not attached:
13. Reason/explanation why Debtor has not paid the Chapter 11 quarterly fee:

**ATTACHMENT TO CHAPTER 11 MONTHLY REPORT
FOR THE MONTH OF _____, 20**

**PART B:
MUST BE COMPLETED FOR EACH OPEN BANK ACCOUNT**

**SUMMARY OF CASH RECEIPTS AND DISBURSEMENTS
CASH ACTIVITY ANALYSIS**

NATURE/TYPE OF ACCOUNT: **General/Operating Account;**
 Tax Account;
 Payroll Account;
 Other:

	<u>Amount</u>
1. CASH BALANCE FROM PREVIOUS MONTH'S REPORT:	\$
2. TOTAL CASH RECEIPTS: [On following page- Supplement to Part B- provide a description of the source and amount]	\$
3. CASH BALANCE AVAILABLE [#1 plus #2]	\$
4. TOTAL CASH DISBURSEMENTS: [On following page- Supplement to Part B- provide a description of the disbursements]	\$
5. ENDING CASH BALANCE [#3 less #4]	\$

SUMMARY OF BANK ACCOUNT INFORMATION

6. TOTAL BANK BALANCE	\$
7. PLUS UNCLEARED DEPOSITS	
8. LESS UNCLEARED CHECKS	
9. RECONCILED BALANCE:	*\$ _____

BANK NAME ACCOUNT NUMBER NATURE OF ACCOUNT

*If item #5 differs from Item #9, please explain:

**ATTACHMENT TO CHAPTER 11 MONTHLY REPORT
FOR THE MONTH OF _____, 20**

PART C:

SUMMARY OF ACCOUNTS RECEIVABLE

	<u>Amount</u>
1. Beginning Balance	\$
2. Sales on Account	\$
3. Collections on Account	\$
4. Ending Balance [Item #1 plus #2 minus #3]	\$

STATUS OF COLLECTIONS:

	<u>Amount</u>
Current to 30 days	\$
31 to 60 days	\$
61 to 90 days	\$
91 to 120 days	\$
121 days and older	\$
TOTAL:	\$

**ATTACHMENT TO CHAPTER 11 MONTHLY REPORT
FOR THE MONTH OF _____, 20**

PART D:

**SUMMARY OF ACCOUNTS PAYABLE
[EXCLUDING PREPETITION ACCOUNTS PAYABLE]**

	<u>Amount</u>
Current to 30 days	\$
31 to 60 days	\$
61 to 90 days	\$
91 to 120 days	\$
121 days and older	\$
TOTAL:	\$

If there are payables outstanding greater than 60 days, please provide explanation:

**ATTACHMENT TO CHAPTER 11 MONTHLY REPORT
FOR THE MONTH OF _____, 20**

Part E :

STATUS OF PAYMENTS TO SECURED CREDITORS

1. Creditor Name:
Was this creditor paid in full this month?
If not, was any amount paid to the creditor this month? _____ Amount: _____ Date:
Have all payments due to this creditors since the petition date been paid?
If not, how much is owed this creditor in missed or partial payments since the petition date?

2. Creditor Name:
Was this creditor paid in full this month?
If not, was any amount paid to the creditor this month? _____ Amount: _____ Date:
Have all payments due to this creditor(s) since the petition date been paid?
If not, how much is owed this creditor in missed or partial payments since the petition date?

3. Creditor Name:
Was this creditor paid in full this month?
If not, was any amount paid to the creditor this month? _____ Amount: _____ Date:
Have all payments due to this creditor(s) since the petition date been paid?
If not, how much is owed this creditor in missed or partial payments since the petition date?

4. Creditor Name:
Was this creditor paid in full this month?
If not, was any amount paid to the creditor this month? _____ Amount: _____ Date:
Have all payments due to this creditor(s) since the petition date been paid?
If not, how much is owed this creditor in missed or partial payments since the petition date?

5. Creditor Name:
Was this creditor paid in full this month?
If not, was any amount paid to the creditor this month? _____ Amount: _____ Date:
Have all payments due to this creditor(s) since the petition date been paid?
If not, how much is owed this creditor in missed or partial payments since the petition date?

6. Creditor Name:
Was this creditor paid in full this month?
If not, was any amount paid to the creditor this month? _____ Amount: _____ Date:
Have all payments due to this creditor(s) since the petition date been paid?
If not, how much is owed this creditor in missed or partial payments since the petition date?

[Attach a separate page for additional secured creditors]

**ATTACHMENT TO CHAPTER 11 MONTHLY REPORT
FOR THE MONTH OF _____, 20**

**Part F :
STATUS OF PAYMENTS TO LESSORS**

Provide the following information for all leases that have not been rejected:

1. Lessor Name:
Was this creditor paid in full this month?
If not, was any amount paid to the creditor this month? _____ Amount: _____ Date:
Have all payments due to this creditor(s) since the petition date been paid?
If not, how much is owed this creditor in missed or partial payments since the petition date?

2. Lessor Name:
Was this creditor paid in full this month?
If not, was any amount paid to the creditor this month? _____ Amount: _____ Date:
Have all payments due to this creditor(s) since the petition date been paid?
If not, how much is owed this creditor in missed or partial payments since the petition date?

3. Lessor Name:
Was this creditor paid in full this month?
If not, was any amount paid to the creditor this month? _____ Amount: _____ Date:
Have all payments due to this creditors since the petition date been paid?
If not, how much is owed this creditor in missed or partial payments since the petition date?

4. Lessor Name:
Was this creditor paid in full this month?
If not, was any amount paid to the creditor this month? _____ Amount: _____ Date:
Have all payments due to this creditor(s) since the petition date been paid?
If not, how much is owed this creditor in missed or partial payments since the petition date?

5. Lessor Name:
Was this creditor paid in full this month?
If not, was any amount paid to the creditor this month? _____ Amount: _____ Date:
Have all payments due to this creditor(s) since the petition date been paid?
If not, how much is owed this creditor in missed or partial payments since the petition date?

6. Lessor Name:
Was this creditor paid in full this month?
If not, was any amount paid to the creditor this month? _____ Amount: _____ Date:
Have all payments due to this creditor(s) since the petition date been paid?
If not, how much is owed this creditor in missed or partial payments since the petition date?

[Attach a separate page for additional lessors]

**ATTACHMENT TO CHAPTER 11 MONTHLY REPORT
FOR THE MONTH OF _____, 20**

PART G:

SUMMARY OF OFFICER/OWNER COMPENSATION AND PERSONNEL REPORT

1. Report all salaries received from or paid by the debtor to an owner or officer of the debtor.

 Check here if same as last monthly report or provide the following information:

<u>Name of Officer/Owner</u>	<u>Title</u>	<u>By the Court</u>	<u>Amount of Compensation Authorized Received this month</u>	<u>Amount of Compensation Received</u>	<u>Date Approved</u>
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2. Personnel Report:

 Check here if same as last monthly report or provide the following information:

	<u>Full Time</u>	<u>Part Time</u>
Total number of employees at beginning of the reporting period	_____	_____
Number hired during the period	_____	_____
Number terminated/resigned during the period	_____	_____
Total number of employees at the end of the period	_____	_____

3. Report all payments made to professionals (i.e. accountants, attorneys, realtors) paid by the debtor:

<u>Name of Professional</u>	<u>Type of Service (i.e. acct, atty, etc)</u>	<u>Amount of Compensation Authorized</u>	<u>Amount of Compensation Received</u>	<u>Date Received</u>	<u>Approved</u>

FOR THE MONTH OF _____, 20

PART H:

ACCRUAL BASIS INCOME/[LOSS] FOR THE MONTH

	<u>Amount</u>
1. Total Sales or Revenue	\$
2. Cost of Goods Sold	
Material:	\$
Labor:	\$
Other:	\$
TOTAL COSTS	\$
3. Gross Profit [Item #1 minus item #2]	\$
4. TOTAL OPERATING EXPENSES	\$
5. Net Profit or <Loss> [Item #3 minus #4]	\$
6. Total Non-Operating Income/Expenses	\$
7. Net Profit or <Loss> [Item #5 minus #6]	\$

[If a detailed INCOME STATEMENT is available, please attach it to the monthly report]

**ATTACHMENT TO CHAPTER 11 MONTHLY REPORT
FOR THE MONTH OF _____, 20
PART I: ACCRUAL BASIS BALANCE SHEET**

This part must be submitted with the *first monthly report* and thereafter on a Quarterly Basis, with the reports for *March, June, September and December*, unless a different date is agreed to by the Bankruptcy Administrator, until confirmation of the plan. It is permissible and helpful if a balance sheet is submitted more often than once a quarter, but not required. An "in house" report may be attached, with the approval of the Bankruptcy Administrator, provided it meets the accrual requirement.

ASSETS

CURRENT ASSETS

- Cash
- Accounts receivable [net]
- Other receivables
- Inventories
- Prepaid

Total Current Assets

FIXED, LONG TERM, AND OTHER ASSETS

- Land
- Fixed Assets
- Accumulated depreciation on fixed assets
- Other Assets - Net

Total fixed, long term and other assets

Total assets

LIABILITIES AND STOCKHOLDERS' EQUITY

CURRENT LIABILITIES

- Accounts Payable
- Notes Payable
- Salaries Payable
- Payroll Taxes Payable
- Income Taxes Payable
- Other Current Liabilities

Total Current Liabilities

LONG TERM LIABILITIES

- Prepetition Liabilities
- Post-petition Long Term

Total Long Term Liabilities

Total Liabilities

OWNERS' [STOCKHOLDERS'] EQUITY

- Stock [investment in company]
- Retained Earning
- Total Owners' Equity

Total Liabilities and Owners' Equity

**ATTACHMENT TO CHAPTER 11 MONTHLY REPORT
FOR THE QUARTER OF _____, 20**

PART J: CHAPTER 11 QUARTERLY FEES

Disbursements include: Sum total of disbursements from all bank accounts, including payments of operating expenses and payments to secured creditors and lessors. Disbursements do not include transfers between accounts. Quarterly fees are not prorated.

1st Quarter

Disbursements for January, 20__ :	
Disbursements for February, 20__ :	_____ Amount of Fee Due:
Disbursements for March, 20__ :	_____ Amount Paid:

Total Disbursements for the 1st Quarter:

2nd Quarter

Disbursements for April, 20__ :	
Disbursements for May, 20__ :	_____ Amount of Fee Due:
Disbursements for June, 20__ :	_____ Amount Paid:

Total Disbursements for the 2nd Quarter:

3rd Quarter

Disbursements for July, 20__ :	_____
Disbursements for August, 20__ :	_____ Amount of Fee Due:
Disbursements for September, 20__ :	_____ Amount Paid:

Total Disbursements for the 3rd Quarter:

4th Quarter

Disbursements for October, 20__ :	
Disbursements for November, 20__ :	_____ Amount of Fee Due:
Disbursements for December, 20__ :	_____ Amount Paid:

Total Disbursements for the 4th Quarter:

Calculating the Fee: Use the table on the following page to compute the Amount of Fee Due for each quarter.

Payment of quarterly fees should be submitted from an attorney's trust account, by certified check, or money order. Attorneys may submit payment through www.pay.gov. **All personal checks will be returned.

If the amount paid differs from the amount due, please provide an explanation:

Total Disbursement for the Quarter	Amount of Fee Due
\$0 to \$14,999.00	\$325
\$15,000.00 to \$74,999.99	\$650
\$75,000.00 to \$149,999.99	\$975
\$150,000.00 to \$224,999.99	\$1,625
\$225,000.00 to \$299,999.99	\$1,950
\$300,000.00 to \$999,999.99	\$4,875
\$1,000,000.00 to \$1,999,999.99	\$6,500
\$2,000,000.00 to \$2,999,999.99	\$9,750
\$3,000,000.00 to \$4,999,999.99	\$10,400
\$5,000,000.00 to \$14,999,999.99	\$13,000
\$15,000,000.00 to \$29,999,999.99	\$20,000
\$30,000,000.00 or more	\$30,000