

CASE NAME: case name  
CASE NUMBER: case number

MONTHLY OPERATING REPORTS  
COMPARATIVE BALANCE SHEETS

FORM OPR-1A

|  | PETITION DATE | MONTH ENDING | MONTH ENDING | MONTH ENDING | MONTH ENDING | MONTH ENDING | MONTH ENDING |
|--|---------------|--------------|--------------|--------------|--------------|--------------|--------------|
| ASSETS                                 |               |              |              |              |              |              |              |
| CURRENT ASSETS                         |               |              |              |              |              |              |              |
| Cash                                   | 0             | 0            | 0            | 0            | 0            | 0            | 0            |
| Accounts Receivable, Net (Sched. A)    | 0             | 0            | 0            | 0            | 0            | 0            | 0            |
| Inventory, At Lower Of Cost Or Market  | 0             | 0            | 0            |              |              |              |              |
| Prepaid Expenses                       | 0             | 0            | 0            | 0            | 0            | 0            | 0            |
| Other                                  | 0             | 0            | 0            | 0            | 0            | 0            | 0            |
| Total Current Assets                   | 0             | 0            | 0            | 0            | 0            | 0            | 0            |
| PROPERTY, PLANT & EQUIPMENT (Sched. I) | 0             | 0            | 0            | 0            | 0            | 0            | 0            |
| Less Accumulated Depreciation          | 0             | 0            | 0            | 0            | 0            | 0            | 0            |
| Net Property                           | 0             | 0            | 0            | 0            | 0            | 0            | 0            |
| OTHER ASSETS (Describe)                | 0             | 0            | 0            | 0            | 0            | 0            | 0            |
| Total Other Assets                     | 0             | 0            | 0            | 0            | 0            | 0            | 0            |
| TOTAL ASSETS                           | 0             | 0            | 0            | 0            | 0            | 0            | 0            |

I CERTIFY UNDER PENALTY OF PERJURY THAT THE FOLLOWING OPERATING REPORTS, CONSISTING OF \_\_\_ PAGES ARE TRUE AND CORRECT.

Date submitted \_\_\_\_\_

Signed \_\_\_\_\_

(Printed name of signatory)



CASE NAME: case name  
CASE NUMBER: case number

FORM OPR-2

STATEMENT OF INCOME (LOSS)

|                            | MONTH<br>ENDING | MONTH<br>ENDING | MONTH<br>ENDING | MONTH<br>ENDING | MONTH<br>ENDING | MONTH<br>ENDING | YEAR<br>TO DATE |
|----------------------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|
| NET REVENUE (INCOME)       | 0               | 0               | 0               | 0               | 0               | 0               | 0               |
| COST OF GOODS SOLD         |                 |                 |                 |                 |                 |                 |                 |
| Materials                  | 0               | 0               | 0               | 0               | 0               | 0               | 0               |
| Labor - Direct             |                 |                 |                 |                 |                 |                 |                 |
| Manufacturing Overhead     |                 |                 |                 |                 |                 |                 |                 |
| Total Cost of Goods Sold   | 0               | 0               | 0               | 0               | 0               | 0               | 0               |
| GROSS PROFIT               | 0               | 0               | 0               | 0               | 0               | 0               | 0               |
| OPERATING EXPENSES         |                 |                 |                 |                 |                 |                 |                 |
| Selling & Marketing        | 0               | 0               | 0               | 0               | 0               | 0               | 0               |
| Executive & Mgmt. Salaries |                 |                 |                 |                 |                 |                 |                 |
| Office & Other Salaries    |                 |                 |                 |                 |                 |                 |                 |
| Rent                       |                 |                 |                 |                 |                 |                 |                 |
| Other (Attach Schedule)    |                 |                 |                 |                 |                 |                 |                 |
| Total Operating Expenses   | 0               | 0               | 0               | 0               | 0               | 0               | 0               |
| OTHER EXPENSES             |                 |                 |                 |                 |                 |                 |                 |
| Quarterly Fees             | 0               | 0               | 0               | 0               | 0               | 0               | 0               |
| Depreciation               |                 |                 |                 |                 |                 |                 |                 |
| Interest                   |                 |                 |                 |                 |                 |                 |                 |
| Attorney's Fees            |                 |                 |                 |                 |                 |                 |                 |
| Other Professional Fees    |                 |                 |                 |                 |                 |                 |                 |
| Total Other Expenses       | 0               | 0               | 0               | 0               | 0               | 0               | 0               |
| Total Expenses             | 0               | 0               | 0               | 0               | 0               | 0               | 0               |
| NET INCOME (LOSS)          | 0               | 0               | 0               | 0               | 0               | 0               | 0               |

# INVENTORY

## AMOUNT

### BEGINNING INVENTORY:

(Ending Inventory from last months report)

\$ \_\_\_\_\_

### Inventory Purchased during Month:

#### Amount

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_

### Inventory Sold/Used during Month:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_

### ENDING INVENTORY

(should match Current Inventory on Balance Sheet)

\$ \_\_\_\_\_

## CASH RECEIPTS AND DISBURSEMENTS STATEMENT

For Period: \_\_\_\_\_ to \_\_\_\_\_

### CASH RECONCILIATION

|  |  |            |
|--|--|------------|
| Beginning Cash Balance<br>(ending cash balance from last month's report) |  | \$ _____   |
| Cash Receipts<br>(from Cash Receipts Journal on next Page)               |  | \$ _____   |
| Cash Disbursements<br>(from Cash Disbursements Journal on next Page)     |  | (\$ _____) |
| Net Cash Flow<br>(line 2 minus line 3)                                   |  | \$ _____   |
| Ending Cash Balance  |  | \$ _____   |

### CASH SUMMARY - ENDING BALANCE

|  | Amount          | Financial Institution |
|--|-----------------|-----------------------|
| Petty Cash                                     | \$ _____        |                       |
| Regular Checking                               | \$ _____        |                       |
| Tax Account                                    | \$ _____        |                       |
| Other Checking Accounts                        | \$ _____        |                       |
| Interest-Bearing Deposits                      | \$ _____        |                       |
| Short-Term Investments                         | \$ _____        |                       |
| <b>TOTAL</b><br>(must agree with line 5 above) | <b>\$ _____</b> |                       |

## CASH RECEIPTS AND DISBURSEMENTS STATEMENT

For Period: \_\_\_\_\_ to \_\_\_\_\_

### CASH RECEIPTS JOURNAL *(attach additional sheets as necessary)*

| Date   | Description (Source) | Amount   |
|--|----------------------|----------|
|  |                      |          |
|  |                      |          |
|  |                      |          |
|  |                      |          |
|  |                      |          |
|  |                      |          |
|  |                      |          |
|  |                      |          |
|  |                      |          |
|  |                      |          |
|  |                      |          |
|  |                      |          |
|  |                      |          |
|  |                      |          |
|  |                      |          |
| Total cash Receipts<br><i>(to line #2 of Cash Reconciliation on previous page)</i> |                      | \$ _____ |

### CASH DISBURSEMENTS JOURNAL *(attach additional sheets as necessary)*

| Date  | Check No. | Payee | Description (purpose) | Amount   |
|---|-----------|-------|-----------------------|----------|
|   |           |       |                       |          |
|   |           |       |                       |          |
|   |           |       |                       |          |
|   |           |       |                       |          |
|   |           |       |                       |          |
|   |           |       |                       |          |
|   |           |       |                       |          |
|   |           |       |                       |          |
|   |           |       |                       |          |
|   |           |       |                       |          |
|   |           |       |                       |          |
| Total cash Disbursements<br><i>(to line #3 of Cash Reconciliation on previous page)</i> |           |       |                       | \$ _____ |



CASE NAME: case name  
CASE NUMBER: case number

SCHEDULE OF POST PETITION DEBT

SCHEDULE C

|                                 | MONTH | MONTH | MONTH | MONTH | MONTH | MONTH |
|---------------------------------|-------|-------|-------|-------|-------|-------|
| TRADE ACCOUNTS PAYABLE          |       |       |       |       |       |       |
| TAXES PAYABLE:                  |       |       |       |       |       |       |
| Federal Payroll Taxes           |       |       |       |       |       |       |
| State Payroll Taxes             |       |       |       |       |       |       |
| State Sales Taxes               |       |       |       |       |       |       |
| Local Payroll Taxes             |       |       |       |       |       |       |
| Real Estate & Pers. Prop. Taxes |       |       |       |       |       |       |
| Other:                          |       |       |       |       |       |       |
| TOTAL TAXES PAYABLE             | 0     | 0     | 0     | 0     | 0     | 0     |
| OTHER LIABILITIES:              |       |       |       |       |       |       |
| Post Petition Secured Debt      |       |       |       |       |       |       |
| Accrued Interest Payable        |       |       |       |       |       |       |
| Other Accrued Liabilities       |       |       |       |       |       |       |
|                                 |       |       |       |       |       |       |
|                                 |       |       |       |       |       |       |
|                                 |       |       |       |       |       |       |
|                                 |       |       |       |       |       |       |
| TOTAL OTHER LIABILITIES         | 0     | 0     | 0     | 0     | 0     | 0     |
| TOTAL POST PETITION DEBT        | 0     | 0     | 0     | 0     | 0     | 0     |

TRADE ACCOUNTS PAYABLE

TAXES PAYABLE:

- Federal Payroll Taxes
- State Payroll Taxes
- State Sales Taxes
- Local Payroll Taxes
- Real Estate & Pers. Prop. Taxes
- Other:

TOTAL TAXES PAYABLE

OTHER LIABILITIES:

- Post Petition Secured Debt
- Accrued Interest Payable
- Other Accrued Liabilities

TOTAL OTHER LIABILITIES

TOTAL POST PETITION DEBT



CASE NAME: case name  
CASE NUMBER: case number

(revised 3-94)  
Schedule D  
Page 1 of 2

**SUMMARY OF SIGNIFICANT ITEMS**

Month of \_\_\_\_\_

1. Insurance Coverage

Workers' Compensation  
General Liability  
Excess Liability  
Fire & Extended Coverage  
Vehicle Liability  
Vehicle Collision  
Theft  
Other(specify)

| Carrier/<br>agent<br>Name | Amount<br>of<br>Coverage | Policy<br>Expiration<br>Date | Premium<br>Paid thru<br>Date |
|---------------------------|--------------------------|------------------------------|------------------------------|
|                           |                          |                              |                              |
|                           |                          |                              |                              |
|                           |                          |                              |                              |
|                           |                          |                              |                              |
|                           |                          |                              |                              |
|                           |                          |                              |                              |
|                           |                          |                              |                              |
|                           |                          |                              |                              |
|                           |                          |                              |                              |
|                           |                          |                              |                              |

2. Statement of Payments of Secured Creditors

(list all payments made to secured creditors during the month & the purpose for such payment, i.e. Court ordered adequate protection cash collateral payments)

| Payee | Description | Amount Paid<br>this Month | Total Paid<br>Post petition |
|-------|-------------|---------------------------|-----------------------------|
|       |             |                           |                             |
|       |             |                           |                             |
|       |             |                           |                             |
|       |             |                           |                             |
|       |             |                           |                             |

3. Tax Payments Made This Month (Not Accruals) (attach copies of tax receipts or checks)

|                           | Date<br>Paid | Amount<br>Paid | Post Petition Taxes<br>Still Unpaid(agree to Sch. C) |
|---------------------------|--------------|----------------|--|
| Federal Payroll W/H Taxes |              |                |  |
| Federal Payroll W/H Taxes |              |                |  |
| Federal Payroll W/H Taxes |              |                |  |
| Federal Payroll W/H Taxes |              |                |  |
| Fed. Unemployment Taxes   |              |                |  |
| State Payroll W/H Taxes   |              |                |  |
| State Unemployment Taxes  |              |                |  |
| State Sales & Use Taxes   |              |                |  |
| Property Taxes            |              |                |  |
| Other                     |              |                |  |

**SUMMARY OF SIGNIFICANT ITEMS**  
Month of \_\_\_\_\_

**4. Compensation Payments Made This Month (Not Accruals)**

(List all payments made to owners of proprietorships; partners of partnerships; officers, directors and shareholders of corporations)

| Name | Amount | Date of Court Order Authorizing Payment |
|------|--------|---|
|      |        |   |
|      |        |   |
|      |        |   |
|      |        |   |
|      |        |   |
|      |        |   |
|      |        |   |
|      |        |   |

**5. Payments Made This Month To Professionals (Not Accruals)**

| Professional      | Amount | Date of Court Order Authorizing Payment |
|-------------------|--------|---|
| Attorney(s)       |        |   |
| Accountant(s)     |        |   |
| Management Co.(s) |        |   |
| Appraiser(s)      |        |   |
| Other (specify)   |        |   |
|                   |        |   |

**6. Record of Disbursement and Payment of Quarterly Fees**

| Period Ending | *Total Disbursements | Quarterly Totals | Quarterly Fee ** | Date Paid | Amount Paid | Check Number |
|---------------|----------------------|------------------|------------------|-----------|-------------|--------------|
| January       | \$                   |                  |                  |           |             |              |
| February      | \$                   |                  |                  |           |             |              |
| March         | \$                   | \$               | \$               |           | \$          |              |
| April         | \$                   |                  |                  |           |             |              |
| May           | \$                   |                  |                  |           |             |              |
| June          | \$                   | \$               | \$               |           | \$          |              |
| July          | \$                   |                  |                  |           |             |              |
| August        | \$                   |                  |                  |           |             |              |
| September     | \$                   | \$               | \$               |           | \$          |              |
| October       | \$                   |                  |                  |           |             |              |
| November      | \$                   |                  |                  |           |             |              |
| December      | \$                   | \$               | \$               |           | \$          |              |

\* Each month list the total money spent for all purposes. At the end of the quarter, add the monthly totals. This is the amount used to compute the quarterly fee due the U.S. Trustee,