

Office of Elizabeth F. Rojas
Chapter 13 Trustee

15301 Ventura Blvd., Bldg B, Suite 400
 Sherman Oak, CA 91403

CHAPTER 13 BUSINESS REPORT

Debtor(s):	Case Number:
Office of Elizabeth F. Rojas Central District of California 15301 Ventura Blvd., Bldg B, Suite 400 Sherman Oaks, CA 91403	INSTRUCTIONS TO DEBTOR (S): COMPLETE THIS FORM IF YOU ARE SELF-EMPLOYED (i.e., you work for yourself, you are an independent contractor, or you are paid on commission) PREPARE SEPARATE BUSINESS REPORT FORM FOR EACH BUSINESS RETURN TO CHAPTER 13 TRUSTEE NOT LATER THAN FIVE (5) DAYS BEFORE THE MEETING/HEARING

SECTION ONE: NATURE OF BUSINESS

Name of Business: _____ Number of Employees: _____

Address: _____ Entity: _____

Sole Proprietorship
 Partnership
 Corporation

Phone: _____

Describe the business (nature of work performed or service provided): _____

If the business is the reason for the bankruptcy, explain why: _____

SECTION TWO: ESTIMATED MONTHLY INCOME

Estimated monthly gross receipts (labor/services)	\$ _____
Estimated monthly gross receipts (sales of goods)	\$ _____
Estimated monthly gross receipts (other:)	\$ _____
Estimated monthly gross receipts (other:)	\$ _____
TOTAL GROSS RECEIPTS	\$ _____

(1) On what do you base your estimates of income? (Attach copies of all documents which substantiate your estimate):

(2) Attach copies of your federal income tax returns (with 1099s) for the prior 2 years.

ATTACHMENT A – DETAIL OF MONTHLY OPERATING EXPENSES

1. Estimated cost of goods sold: \$ _____

2. Estimated operation expenses of business (do not include any personal expenses. All personal expenses should be listed on Scheduled J).

Federal income taxes: _____

Self-employment taxes: _____

Federal withholding taxes: _____

State income taxes: _____

State withholding taxes: _____

State sales taxes: _____

Other taxes (itemize): _____

Leases of realty (itemize): _____

Leases of non real property (itemize): _____

Salaries: _____

Employee benefits (itemize): _____

Electricity: _____

Heat: _____

Phone system: _____

Phone bills: _____

Other utilities (itemize): _____

Automobile expenses (itemize): _____

Transportation expenses (itemize): _____

Advertising (itemize): _____

Office equipment (itemize): _____

Office Supplies: _____

Insurance: _____
Fire (extended coverage on business property and equipment) _____
General Liability: _____
Non-owned vehicle insurance: _____

Other (itemize): _____

Licensing fees (itemize): _____

Other (itemize): _____

TOTAL MONTHLY OPERATING EXPENSES (2):	\$ _____
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SECTION THREE: TOTAL ESTIMATED MONTHLY EXPENSES		\$ _____
(From attachment A – include estimated cost of goods sold (1))		
Total cost of goods (1) and all operating expenses (2) (from attachment A):		\$ _____
EXCESS OF:	Total Gross Receipts over costs and expenses	\$ _____
	OR	
	Costs and expenses over total gross receipts	\$ _____
On what do you base your estimates of expenses/ (Attach copies of all documents which substantiate your estimate):		
_____ _____ _____ _____		

SECTION FOUR: LIST ALL BANK ACCOUNTS (Personal and Business)			
<u>Name of Institution</u>	<u>Purpose of Account</u> (e.g., Personal, payroll, etc.)	<u>Nature of Account</u> (e.g. Checking, Savings)	<u>Account #</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SECTION FIVE:	Attach list to all inventory, including goods, furniture, equipment and the market value of inventory held by debtor on date of filing.
	<input type="checkbox"/> My business has no items of inventory.

I declare under penalty of perjury that the information contained in the foregoing Business Report and Attachment A are true and correct to the best of my knowledge, information and belief.

Dated this _____ day of _____, 200__ at Sherman Oaks, California

Name of Debtor (print): _____

Signature of Debtor: _____

Name of Co-Debtor (print): _____

Signature of Co-Debtor: _____