

**UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF NEW MEXICO**

Your name: _____

D/B/A (Business name): _____

Your case number: _____

OPERATING REPORT

Reporting Period _____

For this report, include *only* business income and expenses

Income:

Cash receipts this period from business services \$ _____

Expenses

Wages paid (do not include owner draw) \$ _____

Gross receipts taxes paid (attach copy of CRS-1) _____

Employer portion of quarterly employment taxes paid (attach
copies of reports) _____

Other business expenses _____

Total Expenses _____

Net Income (Loss) (Subtract total expenses from income) \$ _____

Please answer the following:

1. Do you have employees? Y N (If yes, complete the following)
- a. Federal income taxes withheld this period _____
 - b. FICA taxes withheld this period _____
 - c. State taxes withheld this period _____
 - d. Have all employment taxes due been paid in a timely manner? Y N (circle one)

Have you incurred any other liabilities in this period? Y N (circle one)
If yes, please list liability and amount incurred.

3. Personal draw taken from your business this period \$ _____

Exhibits to attach to this report

Copies of all tax returns filed this period (Gross receipts tax, 941 tax coupons, employment quarterly reports).

Prepared financial statements if available. (Balance Sheet and Income Statement)

Copy of filed income tax returns if not previously submitted to Trustee.

VERIFICATION

The undersigned certifies under penalty of perjury that they have read the foregoing report and that it is true and correct to the best of their knowledge.

Execution Date: _____

By: _____

Revised 07/24/01

**Office of the Chapter 13 Trustee
Kelley L. Skehen, Trustee**

Month _____ Year _____

Name of Debtor(s) _____

Name of Business _____

Case # _____

**PROFIT AND LOSS STATEMENT
(Include only business income and expenses)**

Income

- | | |
|---|----------|
| 1. Gross receipts or sales | \$ _____ |
| 2. Cost of goods sold: | |
| 2a. Purchases | \$ _____ |
| 2b. Cost of labor | _____ |
| (do not include employee salaries) | |
| 2c. Materials and supplies | _____ |
| Total cost of goods sold (add 2a through 2c) | _____ |
| 3. Gross profit (subtract line 2 from line 1) | _____ |
| 4. Other income (i.e. interest) | _____ |
| 5. Gross income (add lines 3 and 4) | _____ |

Expenses

- | | |
|-------------------------------------|----------|
| 6. Business property rent/lease | \$ _____ |
| 7. Salaries and wages of employees | _____ |
| 8. Employee benefits | _____ |
| 9. Equipment lease payments | _____ |
| 10. Secured debt payments | _____ |
| 11. Supplies (not included in 2c) | _____ |
| 12. Utilities | _____ |
| 13. Telephone | _____ |
| 14. Repairs and maintenance | _____ |
| 15. Miscellaneous office expense | _____ |
| 16. Advertising | _____ |
| 17. Travel, meals and entertainment | _____ |
| 18. Professional fees | _____ |
| Name _____, Purpose _____ | _____ |

Insurance:

- | | |
|-----------------------|----------|
| Liability | \$ _____ |
| Property | _____ |
| Vehicle | _____ |
| Worker's compensation | _____ |
| Other | _____ |

20. Taxes: (attach copies of tax forms)
- | | |
|---------|----------|
| Payroll | \$ _____ |
|---------|----------|

Gross receipts tax _____

Other _____

21. Total Expenses (add lines 6 through 20) _____

Total Profit (Loss) for Month (subtract line 21 from line 5)

\$ _____

Personal draw taken from business this month

\$ _____

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

Dated: _____

(Debtors)