

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

NAME: \_\_\_\_\_  
CASE NO: \_\_\_\_\_

YEAR: \_\_\_\_\_  
QUARTER:  1<sup>st</sup>  2<sup>nd</sup>  
 3<sup>rd</sup>  4<sup>th</sup>

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	_____	_____
<b>Total</b>	<b>_____</b>	<b>_____</b>

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>
<b>Income</b>	_____	_____	_____	_____
<b>Personal</b>	_____	_____	_____	_____
<b>Business</b>	_____	_____	_____	_____
<b>Employee</b>	_____	_____	_____	_____
<b>Sales</b>	_____	_____	_____	_____
<b>Other(describe)</b> _____	_____	_____	_____	_____

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	_____	_____
<b>Total</b>	<b>_____</b>	<b>_____</b>

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

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

10. Insurance

Carrier:                    Coverage                    Liability                    Workers Compensation  
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.**