

PROFIT LOSS STATEMENT

MONTH YEAR: _____

CASE NAME: _____

CASE NUMBER: _____

(Do not include personal household expenses or plan payments. Include only business expenses)

INCOME

| | | |
|----|---|----------|
| 1 | Gross Receipts or Sales | \$ _____ |
| 2 | Cost of Goods Sold: | |
| a. | Purchases | \$ _____ |
| b. | Cost of Labor (excluding employee salaries) | \$ _____ |
| c. | Materials & Supplies | \$ _____ |
| 3 | Gross Profit (subtract line 2 from line 1) | \$ _____ |
| 4 | Other Income | \$ _____ |
| 5 | Gross Income (add lines 3 & 4) | \$ _____ |

EXPENSES

| | | |
|----|---|----------|
| 6 | Real Property Mortgage or Lease Payment | \$ _____ |
| 7 | Salaries & Wages of Employees | \$ _____ |
| 8 | Employee Benefits | \$ _____ |
| 9 | Equipment Lease Payments | \$ _____ |
| 10 | Secured Debt Payments | \$ _____ |
| 11 | Supplies (not included in 2(c)) | \$ _____ |
| 12 | Utilities | \$ _____ |
| 13 | Telephone | \$ _____ |
| 14 | Repairs & Maintenance | \$ _____ |
| 15 | Misc. Office Expense | \$ _____ |
| 16 | Advertising | \$ _____ |
| 17 | Travel & Entertainment | \$ _____ |
| 18 | Professional Fees: | \$ _____ |
| a. | Name: _____ | |
| | Purpose: _____ | |
| | Amount: _____ | \$ _____ |
| 19 | Insurance: | |
| a. | Liability | \$ _____ |
| b. | Property | \$ _____ |
| c. | Vehicle | \$ _____ |
| d. | Worker's Compensation | \$ _____ |
| e. | Other | \$ _____ |
| 20 | Taxes: | |
| a. | Payroll | \$ _____ |
| b. | Sales | \$ _____ |
| c. | Single Business Tax | \$ _____ |
| d. | Fuel Tax | \$ _____ |
| e. | Other | \$ _____ |
| 21 | Total Expenses (add lines 6 through 20) | \$ _____ |

TOTAL PROFIT OR (LOSS) FOR THE MONTH (subtract line 21 from 5) \$ _____

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.

Date: _____

BALANCE SHEET

MONTH/YEAR: _____

CASE NAME: _____

CASE NUMBER: _____

ASSETS

| | |
|--------------------------------|----------|
| Cash | \$ _____ |
| Inventory | \$ _____ |
| Account Receivable | \$ _____ |
| Land and Buildings | \$ _____ |
| Furniture, Fixtures, Equipment | \$ _____ |
| Accumulated Depreciation | \$ _____ |
| Security Deposits | \$ _____ |
| Other | \$ _____ |
| | \$ _____ |
| TOTAL ASSETS | \$ _____ |

LIABILITIES

Postpetition Liabilities

| | |
|--------------------------------|----------|
| Accounts Payable | \$ _____ |
| Wages and Salaries | \$ _____ |
| Taxes Payable | \$ _____ |
| Other | \$ _____ |
| Total Postpetition Liabilities | \$ _____ |

Prepetition Liabilities

| | |
|-------------------------------|----------|
| Secured Liabilities | \$ _____ |
| Priority Liabilities | \$ _____ |
| Unsecured Liabilities | \$ _____ |
| Other | \$ _____ |
| Total Prepetition Liabilities | \$ _____ |

TOTAL LIABILITIES \$ _____

EQUITY

| | |
|--------------------------|----------|
| Owner's Capital | \$ _____ |
| Retained Earnings - Pre | \$ _____ |
| Retained Earnings - Post | \$ _____ |
| TOTAL EQUITY | \$ _____ |

TOTAL LIABILITIES & EQUITY \$ _____

