UNITED STATES BANKRUPTCY COURT

WESTERN DISTRICT OF NORTH CAROLINA

DIVISION

|  |  |  |
| --- | --- | --- |
| In re: | ) |  |
|  | ) | Case No.: |
| , | ) ) |  |
|  | ) |  |
| . | ) |  |

**CHAPTER 11 MONTHLY STATUS REPORT**

**REPORTING PERIOD:**

FROM:

TO:

I certify under penalty of perjury that the information contained in this Monthly Status Report is true and correct to the best of my knowledge and belief.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| |  |  | | --- | --- | | **DEBTOR / TRUSTEE /**  **LIQUIDATING AGENT**: | **DEBTOR 2** (if applicable): | | Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Printed:  Title:  Date: | Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Printed:  Date: | |

*Penalty for making a false statement or filing a false report: Fine of up $500,000.00 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.*

Check here if attaching an income statement in lieu of this cash receipts and disbursements page.

|  |  | **Account** | **Account** | **Account** | **Account** |
| --- | --- | --- | --- | --- | --- |
|  | **Totals** | **(-****)** last 4 digits of acct no. | **(-     )** last 4 digits of acct no. | **(-     )** last 4 digits of acct no. | **(-     )** last 4 digits of acct no. |
| **Beginning Cash (G/L Balance)[[1]](#footnote-1)\*** |  |  |  |  |  |
| Deposits from Cash Sales |  |  |  |  |  |
| Collection of Accounts Receivable |  |  |  |  |  |
| Rental Income |  |  |  |  |  |
| New Borrowing |  |  |  |  |  |
| Intercompany Transfers |  |  |  |  |  |
| Other |  |  |  |  |  |
| **Total Cash Receipts** |  |  |  |  |  |
|  |  |  |  |  |  |
| **Cash Disbursements** |  |  |  |  |  |
| Payments to Secured Creditors |  |  |  |  |  |
| Payments of Prepetition Debt |  |  |  |  |  |
| Equipment Leases |  |  |  |  |  |
| Rent |  |  |  |  |  |
| Inventory Purchases |  |  |  |  |  |
| Supplies and Materials |  |  |  |  |  |
| Freight/Shipping Costs |  |  |  |  |  |
| Repairs/Maintenance |  |  |  |  |  |
| Utilities |  |  |  |  |  |
| Postage |  |  |  |  |  |
| IT Services |  |  |  |  |  |
| Fuel |  |  |  |  |  |
| Travel/Meals |  |  |  |  |  |
| Advertising and Marketing |  |  |  |  |  |
| Payroll Expense |  |  |  |  |  |
| Payroll Tax (if not included in Payroll Expense) |  |  |  |  |  |
| Bonuses |  |  |  |  |  |
| Employee Benefits |  |  |  |  |  |
| Payroll Fees |  |  |  |  |  |
| 401(k)/FSA/HSA Transfers |  |  |  |  |  |
| Employee Travel Reimbursement |  |  |  |  |  |
| Workers' Compensation Insurance |  |  |  |  |  |
| Property & Casualty Insurance |  |  |  |  |  |
| Other Insurance |  |  |  |  |  |
| Sales Tax |  |  |  |  |  |
| Property Tax |  |  |  |  |  |
| Income Tax |  |  |  |  |  |
| Credit Card Fees/Bank Charges |  |  |  |  |  |
| Returns / Refunds / Charge-backs |  |  |  |  |  |
| Professional Fees |  |  |  |  |  |
| Quarterly Fees |  |  |  |  |  |
| Intercompany Transfers |  |  |  |  |  |
| Other/Misc (list below) |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **Total Cash Disbursements** |  |  |  |  |  |
|  |  |  |  |  |  |
| **Ending Cash (G/L Balance):** |  |  |  |  |  |

NOTE: Disbursements made by a third party on behalf of the Debtor must be included as a disbursement.

Check here if attaching an income statement in lieu of this cash receipts and disbursements page.

| **CASH RECEIPTS AND DISBURSEMENTS – INDIVIDUAL DEBTOR** | | | | | |
| --- | --- | --- | --- | --- | --- |
|  | **Totals** | **Account** | **Account** | **Account** | **Account** |
|  |  | **(-     )** last 4 digits of acct no. | **(-     )** last 4 digits of acct no. | **(-     )** last 4 digits of acct no. | **(-     )** last 4 digits of acct no. |
| **Beginning Cash (G/L Balance)[[2]](#footnote-2)\*** |  |  |  |  |  |
| Net Payroll |  |  |  |  |  |
| Net Rental Income |  |  |  |  |  |
| Distributions to Equity |  |  |  |  |  |
| Interest and Dividends |  |  |  |  |  |
| Social Security |  |  |  |  |  |
| New Borrowing |  |  |  |  |  |
| Retirement Income |  |  |  |  |  |
| Other |  |  |  |  |  |
| **Total Cash Receipts** |  |  |  |  |  |
|  |  |  |  |  |  |
| **Cash Disbursements** |  |  |  |  |  |
| Payments to Secured Creditors |  |  |  |  |  |
| Escrow Payment (for insurance, property tax) |  |  |  |  |  |
| Property Insurance (if not included above) |  |  |  |  |  |
| Property Taxes (if not included above) |  |  |  |  |  |
| HOA or Condo Association Dues (if not included above) |  |  |  |  |  |
| Home Maintenance or Repairs |  |  |  |  |  |
| Rent |  |  |  |  |  |
| Payments of Prepetition Debt |  |  |  |  |  |
| Installment or Lease Payments for Vehicles |  |  |  |  |  |
| Food and Housekeeping Supplies |  |  |  |  |  |
| Childcare and Education Costs |  |  |  |  |  |
| Clothing, Laundry, and Dry Cleaning |  |  |  |  |  |
| Personal Care Products and Services |  |  |  |  |  |
| Medical and Dental Expenses |  |  |  |  |  |
| Transportation (gas, maintenance, bus, or train fare) |  |  |  |  |  |
| Entertainment |  |  |  |  |  |
| Charitable Contributions |  |  |  |  |  |
| Insurance (life, health, vehicle, other) |  |  |  |  |  |
| Taxes |  |  |  |  |  |
| Alimony, Maintenance & Support (if not deducted from pay) |  |  |  |  |  |
| Credit Card Fees/Bank Charges |  |  |  |  |  |
| Professional Fees |  |  |  |  |  |
| Quarterly Fees |  |  |  |  |  |
| Other/Misc (list below) |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **Total Cash Disbursements** |  |  |  |  |  |
|  |  |  |  |  |  |
| **Ending Cash Balance (G/L Balance):** |  |  |  |  |  |
|  |  |  |  |  |  |
| Bank Balance per Reconciliation: |  |  |  |  |  |

NOTE: Disbursements made by a third party on behalf of the Debtor must be included as a disbursement.

**PAYMENTS TO SECURED CREDITORS**

The debtor has no secured debt.

No secured debt payments made during reporting period.

All secured debt payments made during reporting period are listed below:

|  |  |  |  |
| --- | --- | --- | --- |
| **Creditor** | **Collateral** | **Date of Payment** | **Amount** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**PAYMENTS ON PREPETITION DEBT**

No payments have been made on prepetition unsecured debt during the reporting period.

All payments made on prepetition unsecured debt during reporting period are listed below:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Creditor** | **Docket No. and Date of Order Authorizing Payment** | **Date of Payment** | **Amount** | **Remaining Balance** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**BANK ACCOUNTS**

Note: All bank statements must be attached for each account, including copies of canceled checks. Please reproduce this page and complete for each account and attach the bank statement to the corresponding page.

|  |  |
| --- | --- |
| Name of Bank: |  |
| Type of Account: |  |
|  | (i.e., operating, payroll, tax, etc.) |
| Account Number: | - |
|  | (last 4 digits of account number) |
| Ending Balance (per the attached statement) |  |
| Outstanding Deposits and Other Credits (list below): |  |
| Outstanding Checks and Other Debits (list below): |  |
| Ending Reconciled Balance: \* |  |
| Highest Daily Balance During Period |  |

\*The sum of the ending balances of all accounts must reconcile with the Ending Cash Position on the Cash Receipts and Disbursements page.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Outstanding Deposits / Other Credits** | | |  | **Outstanding Checks / Other Debits** | | |
| **Check No.** | **Payee:** | **Amount:** |  | **Check No.** | **Payee:** | **Amount:** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  | Total: |  |  |  | Total: |  |

**PAYMENTS FOR THE BENEFIT OF INSIDERS1**

|  |  |  |  |
| --- | --- | --- | --- |
| **Insiders** | **Relationship to Debtor** | **Nature of Payment** | **Gross Amount Paid** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  | Total: |  |

1 “Insider” is a defined term in the Bankruptcy Code. 11 U.S.C. § 101(31).

**ACCOUNTS RECEIVABLE**

In lieu of the following chart, the debtor has attached an aging A/R report as of the end of the Reporting Period.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | Prepetition AR |  | Postpetition AR |
| Accounts Receivable as of Beginning of Period: |  |  |  |  |
|  |  |  |  |  |
| Collection on Accounts Receivable: |  |  |  |  |
|  |  |  |  |  |
| Sales on Credit: |  |  |  |  |
|  |  |  |  |  |
| Accounts Receivable as of End of Period: |  |  |  |  |
|  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Accounts Receivable\*** | **Total** | **Collectible** | **Uncollectible** |
| 0-30 days |  |  |  |
| 31-60 days |  |  |  |
| 61-90 days |  |  |  |
| 91-120 days |  |  |  |
| 120 days and over |  |  |  |
| TOTAL |  |  |  |

|  |  |
| --- | --- |
| Intercompany Receivables as of the End of Period. | |
|  |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | Obligor | Amount |
|  | Due from |  |  |
|  | Due from |  |  |
|  | Due from |  |  |

**POSTPETITION LIABILITIES**

All postpetition liabilities existing at the end of this reporting period must be listed below or on an aging payables report attached. Add additional rows as necessary.

The Debtor has attached an aging payables report for the postpetition period as of the end of the Reporting Period.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Creditor** | **Due Date** | **Amount Due** | **Notes** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Total: | |  |  |

**AFFIRMATIONS**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. | Yes  No  N/A | Have all tangible assets of this bankruptcy estate are adequately and properly insured and all other insurance required by law or prudent business judgment are in force? The policies are listed below with their policy expiration dates.   |  |  | | --- | --- | | Type of Policy | Policy Expiration Date | |  |  | |  |  | |  |  | |
| 2. | Yes  No  N/A | Have all insurance policies and renewals, if applicable, have been submitted to the Bankruptcy Administrator? |
| 3. | Yes  No  N/A | Have all federal or state income tax returns have been filed timely? Copies of postpetition tax returns must be submitted to the Bankruptcy Administrator’s Office. |
| 4. | Yes  No  N/A | Have all postpetition taxes (i.e., withholding, sales, etc.) or required postpetition estimated tax deposits been paid or deposited into a designated tax account?  If you answered “no,” list the types of taxes that are now due and owing if not listed on the postpetition liabilities page.   |  |  | | --- | --- | | Type of Tax | Amount Due as of Reporting Period End | |  |  | |  |  | |  |  | |
| 5. | Yes  No  N/A | Have new Debtor-In-Possession (“DIP”) bank accounts been opened and been reconciled. If you answered “no,” list the date and docket no. of any order permitting Debtor to maintain prepetition accounts.  Docket No.:       Date: |
| 6. | Yes  No | Have new DIP financial books and records been opened, and are they maintained regularly and current? |
| 7. | Yes  No  N/A | Have all postpetition financing agreements been approved by the Bankruptcy Court? |
| 8. | Yes  No  N/A | Have all payments made outside the ordinary course of business been approved by the Bankruptcy Court? |

[end of report]

1. \* Beginning Cash Position is the same figure as the Ending Cash Position from the previous month. [↑](#footnote-ref-1)
2. \* Beginning Cash Position is the same figure as the Ending Cash Position from the previous month. [↑](#footnote-ref-2)