

CASE NAME: case name  
CASE NUMBER: case number

MONTHLY OPERATING REPORTS  
COMPARATIVE BALANCE SHEETS

FORM OPR-1A

	PETITION DATE	MONTH ENDING					
<b>ASSETS</b>							
<b>CURRENT ASSETS</b>							
Cash	0	0	0	0	0	0	0
Accounts Receivable, Net (Sched. A)	0	0	0	0	0	0	0
Inventory, At Lower Of Cost Or Market	0	0	0				
Prepaid Expenses	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0
Total Current Assets	0	0	0	0	0	0	0
<b>PROPERTY, PLANT &amp; EQUIPMENT (Sched. I)</b>	0	0	0	0	0	0	0
Less Accumulated Depreciation	0	0	0	0	0	0	0
Net Property	0	0	0	0	0	0	0
<b>OTHER ASSETS (Describe)</b>	0	0	0	0	0	0	0
Total Other Assets	0	0	0	0	0	0	0
<b>TOTAL ASSETS</b>	0	0	0	0	0	0	0

I CERTIFY UNDER PENALTY OF PERJURY THAT THE FOLLOWING OPERATING REPORTS, CONSISTING OF \_\_\_\_ PAGES ARE TRUE AND CORRECT.

Date submitted \_\_\_\_\_

Signed \_\_\_\_\_

(Printed name of signatory)



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STATEMENT OF INCOME (LOSS)

	MONTH ENDING	MONTH ENDING	MONTH ENDING	MONTH ENDING	MONTH ENDING	MONTH ENDING	YEAR TO DATE
NET REVENUE (INCOME)	0	0	0	0	0	0	0
COST OF GOODS SOLD							
Materials	0	0	0	0	0	0	0
Labor - Direct							
Manufacturing Overhead							
Total Cost of Goods Sold	0	0	0	0	0	0	0
GROSS PROFIT	0	0	0	0	0	0	0
OPERATING EXPENSES							
Selling & Marketing	0	0	0	0	0	0	0
Executive & Mgmt. Salaries							
Office & Other Salaries							
Rent							
Other (Attach Schedule)							
Total Operating Expenses	0	0	0	0	0	0	0
OTHER EXPENSES							
Quarterly Fees	0	0	0	0	0	0	0
Depreciation							
Interest							
Attorney's Fees							
Other Professional Fees							
Total Other Expenses	0	0	0	0	0	0	0
Total Expenses	0	0	0	0	0	0	0
NET INCOME (LOSS)	0	0	0	0	0	0	0

# INVENTORY

## AMOUNT

### BEGINNING INVENTORY:

(Ending Inventory from last months report)

\$ \_\_\_\_\_

### Inventory Purchased during Month:

#### Amount

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_

### Inventory Sold/Used during Month:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_

### ENDING INVENTORY

(should match Current Inventory on Balance Sheet)

\$ \_\_\_\_\_

## CASH RECEIPTS AND DISBURSEMENTS STATEMENT

For Period: \_\_\_\_\_ to \_\_\_\_\_

### CASH RECONCILIATION

Beginning Cash Balance (ending cash balance from last month's report)		\$ _____
Cash Receipts (from Cash Receipts Journal on next Page)		\$ _____
Cash Disbursements (from Cash Disbursements Journal on next Page)		(\$ _____)
Net Cash Flow (line 2 minus line 3)		\$ _____
Ending Cash Balance		\$ _____

### CASH SUMMARY - ENDING BALANCE

	Amount	Financial Institution
Petty Cash	\$ _____	_____
Regular Checking	\$ _____	_____
Tax Account	\$ _____	_____
Other Checking Accounts	\$ _____	_____
Interest-Bearing Deposits	\$ _____	_____
Short-Term Investments	\$ _____	_____
<b>TOTAL</b> (must agree with line 5 above)	<b>\$ _____</b>	







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(revised 3-94)  
Schedule D  
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**SUMMARY OF SIGNIFICANT ITEMS**

Month of \_\_\_\_\_

1. Insurance Coverage

Workers' Compensation  
General Liability  
Excess Liability  
Fire & Extended Coverage  
Vehicle Liability  
Vehicle Collision  
Theft  
Other(specify)

Carrier/ agent Name	Amount of Coverage	Policy Expiration Date	Premium Paid thru Date

2. Statement of Payments of Secured Creditors

(list all payments made to secured creditors during the month & the purpose for such payment, i.e. Court ordered adequate protection cash collateral payments)

Payee	Description	Amount Paid this Month	Total Paid Post petition

3. Tax Payments Made This Month (Not Accruals) (attach copies of tax receipts or checks)

	Date Paid	Amount Paid	Post Petition Taxes Still Unpaid(agreees to Sch. C)
Federal Payroll W/H Taxes			
Federal Payroll W/H Taxes			
Federal Payroll W/H Taxes			
Federal Payroll W/H Taxes			
Fed. Unemployment Taxes			
State Payroll W/H Taxes			
State Unemployment Taxes			
State Sales & Use Taxes			
Property Taxes			
Other			

**SUMMARY OF SIGNIFICANT ITEMS**  
Month of \_\_\_\_\_

**4. Compensation Payments Made This Month (Not Accruals)**

(List all payments made to owners of proprietorships; partners of partnerships; officers, directors and shareholders of corporations)

Name	Amount	Date of Court Order Authorizing Payment

**5. Payments Made This Month To Professionals (Not Accruals)**

Professional	Amount	Date of Court Order Authorizing Payment
Attorney(s)		
Accountant(s)		
Management Co.(s)		
Appraiser(s)		
Other (specify)		

**6. Record of Disbursement and Payment of Quarterly Fees**

Period Ending	*Total Disbursements	Quarterly Totals	Quarterly Fee **	Date Paid	Amount Paid	Check Number
January	\$					
February	\$					
March	\$	\$	\$		\$	
April	\$					
May	\$					
June	\$	\$	\$		\$	
July	\$					
August	\$					
September	\$	\$	\$		\$	
October	\$					
November	\$					
December	\$	\$	\$		\$	

\* Each month list the total money spent for all purposes. At the end of the quarter, add the monthly totals. This is the amount used to compute the quarterly fee due the U.S. Trustee,