

UNITED STATES BANKRUPTCY COURT

CENTRAL DISTRICT OF CALIFORNIA, SANTA ANA DIVISION

In re: _____) Chapter 13
)
) Case No. _____
)
 Debtor(s).) Chapter 13 Self-Employed Debtor
) Annual Business Report Pursuant
 Social Security No. _____ Debtor) to 11 U.S.C. § 1304(c)
)
 Social Security No. _____ Joint Debtor) Business Report for Year _____
)
 Debtor(s) EIN No. _____)
 _____)

I. STATEMENT OF INCOME AND EXPENSES REPORT

Report Basis: Cash _____ Accrual _____

Business with inventory, please fill out section I.A and business without inventory, start at section I.B.

A. INCOME (Business with Inventory)

1. Gross Receipts or Sales _____
2. Returns and Allowances _____
3. Net sales (Line 1 less Line 2) _____
4. Costs of Goods Sold (if business with inventory)
 - a. Inventory at Beginning of Year _____
 - b. Purchases less cost of items
withdrawn for personal use _____
 - c. Costs of labor _____
 - d. Materials and supplies _____
 - e. Other costs (list on a separate sheet) _____
 - f. Subtotal (Add Lines a-e) _____
 - g. Inventory at end of year _____

Case No. _____

h. Net Cost of goods sold (Line f less Line g) _____

- 5. Gross Profit
- 6. Other Income
- 7. Gross Income (Add Line 5 and Line 6)

B. INCOME (Business without Inventory)

- 1. Gross Receipts or Sales
- 2. Returns and Allowances
- 3. Net sales (Line 1 less Line 2)
- 4. Other Income
- 5. Gross Income (Add Line 3 and Line 4)

C. GROSS INCOME

Copy amount from line I.A.7 or I.B.5 as applicable

D. EXPENSES

- 1. Advertising
- 2. Bad debt from sales or services
- 3. Car and truck expenses
- 4. Commissions and fees
- 5. Employee benefit programs (other than on line 10)
- 6. Insurance (other than health)
- 7. Interest:
 - a. Mortgage (paid to banks, etc.)
 - b. Other
- 8. Legal and professional services
- 9. Office expense
(itemize, on a separate sheet, any categories which exceed \$500)
- 10. Pension and profit sharing plans
(list separately contribution on behalf of debtor or spouse)
- 11. Rent or lease

Case No. _____

- a. Vehicles, machinery and equipment
- b. Other business property
- 12. Repairs and maintenance
- 13. Supplies
- 14. Taxes and licenses
(provide detail if more than \$100 per month or \$1,200 per year)
- 15. Travel, meals and entertainment
 - a. Travel
 - b. Meals and entertainment
- 16. Utilities
- 17. Wages (less employment credits)
- 18. Other expenses (itemize on separate sheet)
- 19. Total expenses (add lines 1 through 19)

E. PROFIT/(LOSS)

- 1. Tentative profit/(loss) (Line C less Line D)
- 2. Expenses for business use of home
(reported as expense on Bankruptcy Schedule J)
- 3. Net profit/(loss) (Add line 1 and Line 2)

II. POST-PETITION DEBT STATUS

Attach a complete listing of your Accounts Payable and Long-Term Debts Payable as of the end of the reporting period, and complete the following:

	At Petition Date (Date: _____)	End of Previous Year	End of This Year	Percent Petition	Change from last year
Accounts Payable:				%	%

Case No. _____

	At Petition Date (Date: _____)	End of Previous Year	End of This Year	Percent Petition	Change from last year
Long Term Debts Payable:				%	%

State the reason(s) for any increase in debt since the Petition Date or since Last Year which exceeds FIFTEEN PERCENT (15%): _____

III. POST-P ETITION PAYMENT OF FEDERAL, STATE AND OTHER TAX

LIABILITES

Date and Type of Tax Liability (give form number)	Total Liability Shown on Return	Date of Payment	Amount of Payment	Amount Remaining Due
FEDERAL				
STATE & OTHER				

IV. MISCELLANEOUS INFORMATION

A. Business Information

1. Name of Debtor'(s) Business _____

2. Business Address or Location _____

3. Number of employees (excluding Debtors) _____

4. Nature of Debtor'(s) Business:
 - a. Retail _____
 - b. Service (Specify) _____
 - c. Other _____

5. Debtor'(s) Business is: Sole proprietorship _____ Partnership _____
Sub Chapter S _____ Corporation _____ Other (Specify) _____

6. Debtor(s) is: Officer _____ Director _____ Shareholder _____

B. Insurance Policies (list all insurance policies in effect)

1. _____
(carrier, insurance type, policy number)

2. _____
(carrier, insurance type, policy number)

3. _____
(carrier, insurance type, policy number)

C. LICENSES

1. List all required licenses and whether license is in good standing at date of this report.

2. List all suspensions or revocations of professional licenses during this reporting period.

D. BUSINESS MANAGEMENT

1. Are you aware of any information facts pertaining to fraud, dishonesty, incompetence,

Case No. _____

misconduct, mismanagement, or irregularity in the management of the affairs of the business or to a cause of action available to the estate? Yes _____ or No _____
(If yes, please explain on a separate sheet.)

I declare under penalty of perjury that the foregoing is true and correct.

Executed at: _____, California _____

Debtor

Executed on: _____ _____

Joint Debtor