

**ROD DANIELSON
CHAPTER 13 TRUSTEE**

CHAPTER 13 BUSINESS REPORT (Long Form)

Debtor(s)	Case Number:
OFFICE OF ROD DANIELSON, CHAPTER 13 TRUSTEE CENTRAL DISTRICT OF CALIFORNIA - RIVERSIDE 3435 14th STREET, SUITE 100 RIVERSIDE, CA 92501 Phone: (951) 826-8000 Fax: (951) 826-8090	INSTRUCTIONS TO DEBTOR(S): COMPLETE THIS FORM IF YOU ARE SELF-EMPLOYED AND: A. Have employees; or B. Gross greater than \$50,000 annually from the business; or C. Carry inventories of goods for sale; or D. Have assumed equipment leases with total payments of at least \$50,000; or E. Continue to incur trade debt (11 U.S.C. § 1304). PREPARE A SEPARATE BUSINESS REPORT FORM FOR EACH BUSINESS. RETURN TO CHAPTER 13 TRUSTEE NOT LATER THAN EIGHT (8) DAYS BEFORE THE SECTION 341(a) MEETING.

SECTION ONE: NATURE OF BUSINESS

Name of Business: _____	Number of Employees: _____
Address: _____	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation
Phone: _____	
Describe the business (nature of work performed or service provided): _____ _____ _____	
If the business is the reason for the bankruptcy, explain why: _____ _____ _____	

SECTION TWO: INSURANCE INFORMATION

INSURANCE TYPE	POLICY NUMBER, COVERAGE, AND EXPIRATION DATE
Business Liability:	_____
Business Casualty:	_____
Workers' Compensation:	_____
Vehicle (if the vehicle is owned by the business):	_____
Other:	_____

SECTION THREE: BANK ACCOUNT INFORMATION

<u>Name of Institution</u>	<u>Purpose of Account</u> (e.g., personal, payroll, etc.)	<u>Nature of Account</u> (e.g., Checking, Savings)	<u>Account Number</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SECTION FOUR:

INVENTORY INFORMATION

Attach a list of all inventory, including goods, furniture, equipment and the market value of inventory held by debtor on date of filing.

My business has no items of inventory

SECTION FIVE:

INCOME/EXPENSE INFORMATION

Complete **ATTACHMENT A** in its entirety. (Do not include any personal expenses. All personal expenses should be listed on Scheduled J).

(1) On what do you base your estimates of income? (Attach copies of all documents which substantiate your estimate)

(2) Attach signed copies of your federal income tax returns (with 1099s) for the prior 2 years and the last 6 months of your bank statements supporting this business report

(3) On what do you base your estimates of expenses? (Attach copies of all documents which substantiate your estimate)

I declare under penalty of perjury that the information contained in the foregoing Business Report and Attachment A are true and correct and to the best of my knowledge, information and belief.

Dated this ____ day of _____, 200__, at _____, California

Name of Debtor (print): _____

Signature of Debtor: _____

Name of Co-Debtor (print): _____

Signature of Co-Debtor: _____

**ATTACHMENT A
DETAIL OF MONTHLY OPERATING INCOME AND EXPENSES**

CASE NUMBER: _____

BUSINESS INCOME:

	<u>Previous Tax Yr.</u>	<u>Current YTD</u>	<u>Projected (per month)*</u>
Gross Sales/Receipts:	_____	_____	_____
Cost of Goods Sold:	_____	_____	_____
Gross Monthly Profit (projected gross sales/receipts minus cost of goods sold):	_____	_____	_____

BUSINESS EXPENSES:

	<u>Previous Tax Yr.</u>	<u>Current YTD</u>	<u>Projected (per month)*</u>
Wages	_____	_____	_____
Payroll Taxes	_____	_____	_____
Employee Benefits	_____	_____	_____
Long Term Secured Debt	_____	_____	_____
Income/Self-Emp. Taxes	_____	_____	_____
State Sales Taxes	_____	_____	_____
Other Taxes/Licenses (specify)	_____	_____	_____
Advertising	_____	_____	_____
Entertainment	_____	_____	_____
Insurance	_____	_____	_____
Office Equipment	_____	_____	_____
Office Supplies	_____	_____	_____
Professional Fees	_____	_____	_____
Rent/Lease	_____	_____	_____
Repairs and Maintenance	_____	_____	_____
Telephone	_____	_____	_____
Transportation	_____	_____	_____
Travel	_____	_____	_____
Utilities	_____	_____	_____
Vehicle Expense	_____	_____	_____
Other (specify)	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total Monthly Expenses (projected for the next 12 months): _____
NET MONTHLY INCOME (Gross Profit minus Total Expenses): _____

* Average projected income and expenses for each of the next 12 months

