

**UNITED STATES BANKRUPTCY COURT  
SOUTHERN DISTRICT OF ALABAMA**

Form BA-1 (Business)

Case Name: \_\_\_\_\_ Case No. \_\_\_\_\_ Month Ending: \_\_\_\_\_

*Operating reports are to be filed with the Bankruptcy Court by the 15th of the month.*

**BUSINESS DEBTOR'S AFFIRMATIONS**

1. Yes    No    All post petition taxes have been paid/deposited.

If you answered "No" to the above statement, list the types of taxes that are now due and owing:

TYPE OF TAX	AMOUNT
_____	\$ _____
_____	\$ _____
_____	\$ _____

2. Yes    No    Adequate insurance on all assets/property, including fire, theft, liability, collision and casualty and workman's compensation (if applicable) is currently in full force and effect.

If no, enter:            TYPE: \_\_\_\_\_ not in force.

TYPE: \_\_\_\_\_ not in force.

3. Yes    No    New books and records were opened and are being maintained.

4. Yes    No    Copies of all bank statements are currently filed with the Bankruptcy Clerk's Office.

5. Yes    No    I have otherwise complied with all requirements of the Chapter 11 Operating Order.

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**CASH RECEIPTS & DISBURSEMENTS**

**A. Cash on hand (beginning)** \$ \_\_\_\_\_

**B. Receipts:**

**Accounts Receivable** \$ \_\_\_\_\_

**Cash Sales** \$ \_\_\_\_\_

**Loan Proceeds Source** \_\_\_\_\_ \$ \_\_\_\_\_

**Sale of Property (not in ordinary course of business)** \$ \_\_\_\_\_

**Other**

aaa \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_

**C. Total Receipts (total of B)** \$ \_\_\_\_\_

**D. Business Disbursements** \$ \_\_\_\_\_  
 (Total Business Disbursements from page 4)

**E. Surplus or Deficit (C minus D)** \$ \_\_\_\_\_

**F. Cash on Hand (A plus E)** \$ \_\_\_\_\_

**INCOME STATEMENT (select basis)**

**See attached profit/loss statement**

*(if attaching a separate P&L statement, you do not need to complete the section below)*

**Accrual** \_\_\_\_\_

**Cash** \_\_\_\_\_

**1. Revenue from Total Sales** \$ \_\_\_\_\_

**2. Less cost of Sales\*** \$ \_\_\_\_\_  
 (cost of materials, labor, etc.)

**3. Equals Gross Profit (1 minus 2)** \$ \_\_\_\_\_

**4. Less Operating Expenses\*** \$ \_\_\_\_\_

**5. Equals Net Profit Operations (3 minus 4)** \$ \_\_\_\_\_

**6. Non-Operating Income/ Expenses (List specific income/ expenses)** \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_

**7. Equals Net Profit or Net Loss (5 plus or minus 6)** \$ \_\_\_\_\_

**\*Please itemize cost of Sales and Expenses on separate sheet of paper**

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Case Name: \_\_\_\_\_ Case No. \_\_\_\_\_ Month Ending \_\_\_\_\_

**BUSINESS DEBTOR'S ACCOUNTS RECEIVABLE**  
(if applicable)

**I. NO ACCOUNTS RECEIVABLE WERE COLLECTED THIS MONTH \_\_\_\_\_**

**II. COLLECTION OF ACCOUNTS RECEIVABLE THIS MONTH:**

**A. Amount collected this month on accounts receivable charged and paid this month** \$ \_\_\_\_\_

**B. Amount collected this month on accounts receivable charged in prior months and paid this month** \$ \_\_\_\_\_

**C. TOTAL collected this month on accounts receivable** \$ \_\_\_\_\_

**III. PENDING ACCOUNTS RECEIVABLE AS OF THE END OF THIS MONTH:**

<b>ENTITY</b>	<b>0-30 DAYS</b>	<b>31-60 DAYS</b>	<b>61-90 DAYS</b>	<b>OVER 91 DAYS</b>	<b>TOTAL</b>
	\$				\$
<b>TOTALS</b>	\$				\$

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**BUSINESS DEBTOR'S ACTUAL DISBURSEMENTS**

<b>Advertising</b>	\$ _____
<b>Automobiles/Vehicles (repairs &amp; maintenance)</b>	\$ _____
<b>Commissions/Contract Labor</b>	\$ _____
<b>Insurance</b>	\$ _____
<b>Inventory Purchased</b>	\$ _____
<b>Rent/Lease Payments on Real Estate</b>	\$ _____
<b>Repairs &amp; Maintenance</b>	\$ _____
<b>Salaries &amp; Wages Paid</b>	\$ _____
<b>Secured Loan Payments Total (specify below)</b>	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

<b>Supplies</b>	\$ _____
<b>Travel &amp; Entertainment</b>	\$ _____
<b>Taxes (total of all taxes from page 5)</b>	\$ _____
<b>Unsecured Loan Payments</b>	\$ _____
<b>Utilities</b>	\$ _____
<b>Professional Fees Total (specify below)</b>	\$ _____
<b>Accounting</b>	\$ _____
<b>Attorney Fees</b>	\$ _____
<b>Other</b> _____	\$ _____

<b>Adequate Protection Payments</b>	\$ _____
<b>Other Business Disbursements Total (specify below)</b>	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

<b>TOTAL BUSINESS DISBURSEMENTS</b>	\$ _____
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**BUSINESS DEBTOR'S TAX PAYMENTS**

**A. WITHELD TAXES FOR EACH PAYROLL PERIOD**

Payroll Date	Payroll Amount	FICA 941		State Income Taxes Paid	Local Income Taxes Paid
		Amount Due	Amount Deposited		
<b>Total</b>					

**B. UNEMPLOYMENT TAXES FOR EACH PAYROLL PERIOD**

Payroll Date	Taxable Payroll	FUTA 940		State
		Amount Due	Amount Deposited	
<b>Total</b>				

**C. OTHER TAXES (SPECIFY TYPE: EXCISE, SALES, ETC. INCLUDE TAXES DUE AND PAID QUARTERLY)**

DUE			PAID		
Date	Type	Amount	Date	Type	Amount

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**BUSINESS DEBTOR’S BANK ACCOUNTS**

Bank, Credit Union, Etc.	Account No. (last four digits)	Statement Balance	Date	Indicate Pre or Post-Petition Account

**GROSS PAYROLL**

(Wages, Salaries Commissions, Bonuses, Etc.)

Officer #1 (Name) \_\_\_\_\_ \$ \_\_\_\_\_  
 Officer #2 (Name) \_\_\_\_\_ \$ \_\_\_\_\_  
 Other Officer (Name) \_\_\_\_\_ \$ \_\_\_\_\_  
 Employees (number) \_\_\_\_\_ \$ \_\_\_\_\_  
 Employees (Relatives) \_\_\_\_\_ \$ \_\_\_\_\_  
     Name: \_\_\_\_\_ \$ \_\_\_\_\_  
     Name: \_\_\_\_\_ \$ \_\_\_\_\_

**INVENTORY (IF APPLICABLE)**

Inventory-Beginning of Month (Cost) Inventory, purchased this month \$ \_\_\_\_\_  
 Cash Inventory, purchased this month \$ \_\_\_\_\_  
 Credit Inventory, purchased this month \$ \_\_\_\_\_  
 Inventory, End of the Month (Cost) \$ \_\_\_\_\_

**PAYMENTS MADE TO PRE-PETITION, UNSECURED CREDITORS**

Creditor	Amount & Date	Purpose	Payment Court Approved?

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**BUSINESS DEBTOR’S POST-PETITION ACCOUNTS PAYABLE**

**Check A or B**

\_\_\_\_\_ **A.** All post-petition expenses since the beginning of this case have been paid. Therefore, there are no post-petition accounts payable.

**OR**

\_\_\_\_\_ **B.** Post-petition accounts payable are as follows:

Entity Owed	0-30 Days	31-60 Days	61-90 Days	Over 91 Days	Total
<b>TOTALS</b>					

**IN ACCORDANCE WITH TITLE 28, SECTION 1746, OF THE UNITED STATES CODE, I DECLARE UNDER PENALTY OF PERJURY THAT I HAVE EXAMINED THE FOREGOING MONTHLY OPERATING REPORT AND ACCOMPANYING ATTACHMENTS AND, TO THE BEST OF MY KNOWLEDGE, THESE DOCUMENTS ARE TRUE, CORRECT, AND COMPLETE.**

**RESPONSIBLE PARTY:** \_\_\_\_\_

**ORIGINAL SIGNATURE OF RESPONSIBLE PARTY:** \_\_\_\_\_

**TITLE OF RESPONSIBLE PARTY:** \_\_\_\_\_ **PHONE NUMBER:** \_\_\_\_\_

**DATE:** \_\_\_\_\_