UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF ALABAMA

Form BA-1 (Individual)

Case Name	Case No	Month	Ending
Operating Reports a	re to be filed with the Be	ankruptcy Court by the 1	5 th of the month.
	INDIVIDUAL DEBTOR	R'S AFFIRMATIONS	
1. Yes No All post-pet attached.	ition individual taxes hav	re been paid or withheld a	nd the deposit slips are
If you answered "No" to the	ne above statement, list th	ne types of taxes that are n	ow due and owing:
TYPE OF TAX		AMOUNT	
		\$	
		\$	
		\$	
2. Yes No Adequate i casualty is of the second of	currently in full force and	d effect.	•
Bank Acc	count No. (last 4 digits)	Type of Account	Balance
			\$
			\$
			\$
4. Yes No Copies of all	bank statements are filed	l concurrently with the Ba	ankruptcy Clerk's Office.
5. Yes No I have otherv	vise complied with all req	uirements of the Chapter	11 Operating Order.
	at have not been paid, inc	on debts that have been in Cluding Court-approved p	ncurred since the filing of the rofessional (attorney,

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INDIVIDUAL DEBTOR'S CASH REC	CEIPTS AND DISBURSEMENTS
Receipts/Income (net of payroll tax deductions & withholdings)	\$
Alimony, Maintenance, Support received	\$
Other income	Ψ
Interest	\$
Sale/Rent of Real Estate or Personal Property	\$
Social Security	\$
Pension or Retirement	\$
Other (specify)	
TOTAL RECEIPTS/INCOME	\$
Disbursements/Expenses	
Food and Housekeeping Supplies	\$
Rent or Home Loan	\$
Real Estate Taxes	\$
Utilities	\$
Home Maintenance (repairs & upkeep)	\$
Insurance Payments	\$
Installment Loan Payments	
Automobile	\$
Other (specify)	\$
Other Loans (specify)	\$
Domestic Support Payments	\$
Adequate Protection Payments	\$
Other Payments (specify)	\$
	\$
TOTAL OF ALL DISBURSEMENTS/EXPENDITURES	\$
TOTAL INCOME LESS EXPENDITURES	\$
Beginning Cash Balance\$	Ending Cash Balance\$
IN ACCORDANCE WITH TITLE 28, SECTION 1746, OF UNDER PENALTY OF PERJURY THAT I HAVE EXAMOPERATING REPORT AND ACCOMPANYING ATTACKNOWLEDGE, THESE DOCUMENTS ARE TRUE, CONTINUE OF THE SECONDARY OF T	IINED THE FOREGOING MONTHLY CHMENTS AND, TO THE BEST OF MY

Original Signature of Responsible Party

Case Name_____ Case No.____ Month Ending _____

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