

MONTHLY OPERATING REPORT FOR BUSINESS OPERATED BY DEBTOR(S)
FOR THE MONTH OF _____
DUE BY THE 20TH DAY OF EACH MONTH

NAME OF DEBTOR(S): _____

CASE NUMBER: _____

CONFIRMATION HEARING DATE: _____

Income from business sources only:
(ATTACH ALL BANK STATEMENTS AND ANY OTHER BUSINESS INCOME VERIFICATION):

_____	\$ _____
_____	\$ _____
_____	\$ _____
Total Income	\$ _____

Business Expenses
(ATTACH VERIFICATION OF ALL EXPENSES):

Rent	\$ _____
Insurance	\$ _____
Wages (Employee's only)	\$ _____
Other:	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Attach additional sheets if needed.

Total Expenses \$ _____

Net Profit or (Loss) \$ _____

I CERTIFY UNDER PENALTY OF PERJURY THAT I HAVE READ THE FOREGOING STATEMENT, AND IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION, AND BELIEF.

Dated: _____ Debtor _____

Dated: _____ Joint Debtor _____

MAIL THIS FORM WITH ALL REQUESTED ATTACHMENTS TO
OFFICE OF THE STANDING CHAPTER 13 TRUSTEE,
110 N. COLLEGE AVE., 12 th FLOOR, TYLER, TX 75702
OR EMAIL TO DOCS@CH13TYLER.COM

RECOMMENDED FORM