

**ROD DANIELSON
CHAPTER 13 TRUSTEE**

CHAPTER 13 BUSINESS REPORT (Long Form)

Debtor(s)	Case Number:
<p style="text-align: center;">OFFICE OF ROD DANIELSON, CHAPTER 13 TRUSTEE CENTRAL DISTRICT OF CALIFORNIA – RIVERSIDE 4361 LATHAM STREET, SUITE 270, RIVERSIDE, CA 92501 (951) 826-8000 Fax: (951) 826-8090</p>	<p>INSTRUCTIONS TO DEBTOR(S): COMPLETE THIS FORM IF YOU ARE SELF-EMPLOYED AND:</p> <p>A. Have employees; or B. Gross greater than \$50,000 annually from the business; or C. Carry inventories of goods for sale; D. Have assumed equipment leases with total payments of at least \$50,000; or E. Continue to incur trade debt</p> <p>PREPARE A SEPARATE BUSINESS REPORT FORM FOR EACH BUSINESS. RETURN TO CHAPTER 13 TRUSTEE NOT LATER THAN EIGHT (8) DAYS BEFORE THE MEETING/HEARING.</p>

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:	ESTIMATED MONTHLY INCOME
Estimated monthly gross receipts (labor/services)	\$ _____
Estimated monthly gross receipts (sales of goods)	\$ _____
Estimated monthly gross receipts (other:)	\$ _____
Estimated monthly gross receipts (other:)	\$ _____
TOTAL GROSS RECEIPTS	\$ _____
(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 3 months of your bank statements supporting this business report	

ATTACHMENT A - DETAIL OF MONTHLY OPERATING INCOME AND EXPENSES

1. Estimated cost of goods sold: \$ _____

2. Estimated operation expenses of business (Do not include any personal expenses. All personal expenses should be listed on Scheduled J).

Federal income taxes: _____

Self-employment taxes: _____

Federal withholding taxes: _____

State income taxes: _____

State withholding taxes: _____

State sales taxes: _____

Other taxes (itemize): _____

Leases of personalty (itemize): _____

Salaries: _____

Employee benefits (itemize): _____

Electricity: _____

Phone system: _____

Phone bills: _____

Other utilities (itemize): _____

Automobile expenses (itemize): _____

Transportation expenses (itemize): _____

Advertising (itemize): _____

Office Equipment (itemize): _____

Office supplies: _____
Insurance: _____

Fire (extended coverage on business property and equipment): _____
General liability: _____
Non-owned vehicle insurance: _____
Other (itemize): _____

Licensing fees (itemize): _____

Other (itemize): _____

TOTAL MONTHLY OPERATING EXPENSES (2)

\$ _____