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 4361 LATHAM STREET, SUITE 270, RIVERSIDE, CA 92501 (951) 826-8000 Fax: (951) 826-8090	INTRUCTIONS 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: D. Have assumed equipment leases with total payments of at least \$50,000; or E. Continue to incur trade debt PREPARE A SEPARATE BUSINESS REPORT FORM FOR EACH BUSINESS. RETURN TO CHAPTER 13 TRUSTEE NOT LATER THAN EIGHT (8) DAYS BEFORE THE MEETING/HEARING.
SECTION ONE: NATURE O	F BUSINESS
Name of Business: Address:	Number of Employees:
Phone:	□ Partnership □ Corporation
Describe the business (nature of work performed or service provided):	
If the business is the reason for the bankruptcy, explain why:	_
SECTION TWO: ESTIMATEI	D 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? (Att	\$
(2) Attach signed copies of your federal income tax re- bank statements supporting this business report	turns (with 1099s) for the prior 2 years and the last 3 months of your

	STIAMTED MONTHLY EXPENS t A – include estimated cost of goods		
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Total cost of good (1) and all ope	erating expenses (2) (from attachmen	t A): \$	
EXCESS OF: Total Gross R	deceipts over costs and expenses OR	\$	
Costs and exp	penses over total gross receipts	\$	
3) On what do you base your e	estimates of expenses? (Attach copies	s of all documents which sub	estantiate your estimate):
SECTION FOUR:	LIST ALL BANK ACC	COUNTS (Personal and	Business)
Name of Institution	Purpose of Account (e.g., personal, payroll, etc.)	Nature of Account (e.g., Checking, Savings)	Account #
SECTION FIVE:			
Attach a list of all inventory, includi	ing goods, furniture, equipment and the m	narket value of inventory held by	y debtor on date of filing.
	My business has no items of inves	ntory	
I declare under penalty of perjur- correct to the best of my knowle	y that the information contained in th dge, information and belief.	e foregoing Business Report	and Attachment A are true and
Date this day of	at Riverside,	California	
Name of Debtor (print):			<u> </u>
Signature of Debtor:			
Name of Co-Debtor (print):			
Signature of Co-Debtor:			

ATTACHMENT A - DETAIL OF MONTHLY OPERATING INCOME AND EXPENSES 1. Estimated cost of goods sold: 2. Estimated operation expenses of business (Do no 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:		
nsurance:	 	
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)	\$	
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