

Office of the Chapter 13 Trustee

Southern District of Georgia

Savannah Division

O. Byron Meredith III

TRUSTEE

33 Bull Street, Suite 415 (31401)
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Savannah, Georgia 31412

(912) 234-5052
(800) 292-2811
FAX: (912) 232-8824

MONTHLY OPERATING REPORT TO TRUSTEE

CASE NO. _____

NAME: _____

BUSINESS OR SELF EMPLOYMENT: _____ MONTH _____

COMPLETE THIS PAGE WITH INFORMATION ABOUT DEBTOR'S BUSINESS ONLY

CASH BASIS

TOTAL GROSS INCOME OF BUSINESS OR SELF EMPLOYMENT (A) \$ _____

EXPENSES OF DEBTOR'S BUSINESS (no personal expenses to be included)

RENT OR MORTGAGE PAYMENT ON BUSINESS LOCATION \$ _____

HEAT, LIGHT, GAS, WATER, SANITATION FOR BUSINESS LOCATION _____

TELEPHONE, CELL PHONE FOR BUSINESS _____

INSURANCE - BUSINESS _____

BUSINESS VEHICLE EXPENSE: gas, oil, repairs, tags, tolls, etc.-not payments _____

REPAIRS & MAINTENANCE - OTHER THAN VEHICLE _____

MATERIALS AND SUPPLIES USED IN THE BUSINESS _____

PURCHASES OF MERCHANDISE INVENTORY FOR SALE _____

SALES TAXES _____

EMPLOYEE WAGES -OTHER THAN DEBTOR *** see below _____

PAYROLL TAXES _____

OTHER TAXES AND LICENSES OF BUSINESS _____

OTHER BUSINESS PAYMENTS (describe below) _____

TOTAL EXPENSES OF BUSINESS (B) \$ _____

NET PROFIT/LOSS FROM BUSINESS. SUBTRACT (B) FROM (A) (C) \$ _____

***do not include debtor's salary or withdrawals on this page.

**COMPLETE THIS PAGE WITH INFORMATION
OTHER THAN BUSINESS INCOME AND EXPENSES**

CASH BASIS

NET PROFIT OR LOSS FROM BUSINESS (from last line, first page) (C) \$ _____

PLUS ADDITIONAL HOUSEHOLD INCOME NOT FROM BUSINESS

Some examples are: spousal income, social security, disability, child support, rent, etc.

SOURCES OF ADDITIONAL HOUSEHOLD INCOME: (_____) (D) \$ _____

EQUALS TOTAL INCOME (FROM ALL SOURCES) (C) + (D) = (E) \$ _____

DEBTOR'S HOUSEHOLD EXPENSES (no business expenses to be included)

CHAPTER 13 PAYMENT \$ _____

RESIDENCE(HOUSE PAYMENT/RENT) _____

UTILITIES _____

NON- BUSINESS VEHICLE EXPENSE: gas, oil, repairs, etc.- **not payments** _____

NON-BUSINES TAXES AND LICENSES _____

PERSONAL INSURANCE _____

HOME TELEPHONE _____

FOOD AND HOME SUPPLIES _____

HOME REPAIRS AND MAINTENANCE _____

CLOTHES _____

LAUNDRY AND CLEANING _____

MEDICAL AND DENTAL _____

CHARITABLE CONTRIBUTIONS _____

RECREATION, CABLE TV, ETC. _____

CHILD SUPPORT/DAY CARE _____

OTHER PAYMENTS OUTSIDE CHAP. 13 PLAN: (describe) _____

TOTAL NON-BUSINESS, PERSONAL, AND HOUSEHOLD EXPENSES (F) \$ _____

TOTAL NET INCOME FROM ALL SOURCES SUBTRACT (F) FROM (E) \$ _____

I DECLARE THAT THE FOREGOING IS TRUE, COMPLETE, AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

Signature of Debtor

Date

Signature of Joint Debtor (if applicable)

ADDRESS REPORT AS FOLLOWS:
**THE OFFICE OF THE CHAPTER 13 TRUSTEE
POST OFFICE BOX 10556
SAVANNAH, GEORGIA 31412**