

DEBTOR: \_\_\_\_\_

CASE NUMBER: \_\_\_\_\_

OFFICE OF THE UNITED STATES TRUSTEE  
DISTRICT OF MARYLAND  
MONTHLY OPERATING REPORT - CHAPTER 11  
INDIVIDUAL DEBTORS

Check if this is an amended report.

COVER SHEET AND QUESTIONNAIRE - FORM 3

For Period from: \_\_\_\_\_ to \_\_\_\_\_

**THIS REPORT MUST BE FILED WITH THE COURT 20 DAYS AFTER THE END OF THE MONTH**

Debtor must attach each of the following reports / documents unless the U. S. Trustee has waived the requirement in writing.

**REQUIRED REPORTS / DOCUMENTS**

- 1 Cash Flow Statement (Page 2)
- 2 Cash Reconciliation(s) and Narrative (Page 3)
- 3 Cash Receipts Detail (Page 4)
- 4 Cash Disbursements Detail (Page 5)
- 5 Receipts and Disbursements Recap Case to Date (Page 6)
- 6 **Bank Statements for All Bank Accounts open during any day during the period**  
(remember to redact all but the last four digits of bank account number)

**QUESTIONNAIRE**

**Yes**

**No**

Please answer the questions below for the month being reported:

- |  |       |       |
|--|-------|-------|
| 1. Did you deposit all receipts into your DIP account this month?  | _____ | _____ |
| 1a. If no, explain. _____  |       |       |
| 2. Are all insurance policies current and in effect?   | _____ | _____ |
| 2a. If no, explain.** _____  |       |       |
| 3. Have all <u>post petition</u> taxes been timely filed and paid, including quarterly estimated taxes, if applicable? | _____ | _____ |
| 3a. If no, explain.** _____  |       |       |
| 4. Did you pay all your bills on time this month?  | _____ | _____ |
| 5. Did you borrow money from anyone or has anyone made any payments on your behalf?                                    | _____ | _____ |
| 5a. If yes, why? ** _____  |       |       |
| 6. Other than postpetition mortgage or car payments, did you pay any bills you owed prior to filing for bankruptcy?    | _____ | _____ |
| 7. Do you have any bank accounts open other than the DIP account?  | _____ | _____ |
| 7a. If yes, when will they be closed? _____  |       |       |

**\*\*If additional room is needed, please use the "Unusual Items" Section on page 3 to explain.**

***I declare under penalty of perjury that this Monthly Operating Report, and any statements and attachments are true, accurate and correct to the best of my belief.***

Executed on: \_\_\_\_\_

Signature (Debtor): \_\_\_\_\_

Print name: \_\_\_\_\_

Signature (Co-Debtor): \_\_\_\_\_

Print name: \_\_\_\_\_

DEBTOR: \_\_\_\_\_

CASE NUMBER: \_\_\_\_\_

For Period from: \_\_\_\_\_ to \_\_\_\_\_

**CASH FLOW SUMMARY (SEE NOTE A)**

*(Transfers between the debtor's bank accounts are not to be reflected on this page.)*

1. Beginning Cash Balance \$ \_\_\_\_\_ (1) A

2. Cash Receipts

Wages \$ \_\_\_\_\_

Sole Proprietorship Revenues \_\_\_\_\_

Draws from owned entities other than Sole Prop \_\_\_\_\_

Rental Income \_\_\_\_\_

Other \_\_\_\_\_

Other \_\_\_\_\_

Total Cash Receipts for the month \$ \_\_\_\_\_ B

3. Cash Disbursements

Primary residence: Rent or home mortgage payment \$ \_\_\_\_\_

Utilities and Communication related Expenses \_\_\_\_\_

Home maintenance (repairs/upkeep/association dues) \_\_\_\_\_

Food / Groceries / Housekeeping supplies \_\_\_\_\_

Restaurants/Entertainment/Recreation \_\_\_\_\_

Clothing / Laundry / Personal Care \_\_\_\_\_

Charitable and Religious Contributions \_\_\_\_\_

Insurance payments \_\_\_\_\_

Installment payments (including car payments) \_\_\_\_\_

Transportation related (gas, parking, tolls) \_\_\_\_\_

Alimony, maintenance, support of others \_\_\_\_\_

Legal / Professional Fees / U.S. Trustee Fees \_\_\_\_\_

Sole Proprietorship Expenses \_\_\_\_\_

Rental Property related: mortgages / expenses / repairs \_\_\_\_\_

Other \_\_\_\_\_

Other \_\_\_\_\_

Other \_\_\_\_\_

Other \_\_\_\_\_

Miscellaneous \_\_\_\_\_

Total Cash Disbursements for the month \$ \_\_\_\_\_ C

4. Net Cash Flow for Month (Total Cash Receipts less Total Cash Disbursements) (B - C) \_\_\_\_\_ D

5. Ending Cash Balance (A + D) \$ \_\_\_\_\_ E

**CALCULATION OF DISBURSEMENTS FOR UNITED STATES TRUSTEE QUARTERLY FEES**

Total Disbursements for the Month (from above)	
Add: Any amounts paid on behalf of the debtor by others	
<b>Disbursements for U.S. Trustee Fee Calculation</b>	

(A) The term "cash" includes all forms of currency i.e., checks, cash, money orders, etc.

(1) Current month beginning cash balance should equal the previous month's ending balance.

DEBTOR: \_\_\_\_\_

Case Number: \_\_\_\_\_

**A. BANK ACCOUNTS THAT ARE OPEN AT END OF THE PERIOD**

Period ending:	Acct #1	Acct #2	Acct #3	Acct #4
Name of Bank:				
Last four digits of account				
Purpose of Acct (Personal or Business)				
Type of account (Checking or Savings)				
<b>Balance per Bank Statement at End of the Period</b>				
<b>TOTAL OF ALL ACCOUNTS AT END OF PERIOD</b>				

Note: Attach a copy of the bank statement and bank reconciliation for every account that was open during any point in time during the period, whether it is a prepetition account or a DIP account.

**B. AMOUNTS OWED TO OTHERS at the end of the Period (post-petition only)**

Are post petition mortgage payments current? No  Yes

Do you have other past due post petition bills? No  Yes

If yes, how much do you owe, including past due mortgage payments? \$

*(Please attach a list of the creditors and amounts owed)*

**C. AMOUNTS OWED TO YOU at the end of the Period (both pre and post-petition)**

Does anyone owe you any money? No  Yes

If yes, how much is owed to you? \$

*(Please attach a list of the purpose and amounts owed)*

**D. UNUSUAL ITEMS**

Please provide a description of any unusual financial transactions or changes to your financial condition since the past reporting period.


**DEBTOR:** \_\_\_\_\_

**CASE #:** \_\_\_\_\_

**CASH RECEIPTS DETAIL**

*The term "cash" includes all forms of currency i.e., checks, cash, money orders, etc.*

For Period: \_\_\_\_\_ to \_\_\_\_\_  
 (attach additional sheets as necessary)

Bank Name \_\_\_\_\_ Last four digits of account number \_\_\_\_\_

**A.** For each counter deposit made during the period, record the following information:

Date	Payer	Description	Amount

**B.** For direct deposits to your account which identify the source of the deposit, just record the grand total of all of these deposits. \_\_\_\_\_

**C.** Deduct transfers between accounts made to this account included in Section A or B above. \_\_\_\_\_

**Total Cash Receipts** \$ \_\_\_\_\_  
 This total should agree with Page 2

DEBTOR: \_\_\_\_\_

CASE #: \_\_\_\_\_

### CASH DISBURSEMENTS DETAIL

The term "cash" includes all forms of currency i.e., checks, cash, money orders, etc.

For Period: \_\_\_\_\_ to \_\_\_\_\_  
(attach additional sheets as necessary)

Bank Name \_\_\_\_\_

Last four digits of account number \_\_\_\_\_

A. For all checks written, record the detail of each showing the following information:

Date	Check No.	Payee	Description (Purpose)	Amount
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

B. For direct debits to your account which identify the who is being paid, just record the grand total of all of these withdrawals \_\_\_\_\_

C. Deduct transfers between accounts made to this account included in Section A or B above. \_\_\_\_\_

**Total Cash Disbursements** \$ \_\_\_\_\_  
This total should agree with Page 2

# RECEIPTS AND DISBURSEMENTS RECAP

Debtor: \_\_\_\_\_

Case #: \_\_\_\_\_

Date Case was filed: \_\_\_\_\_

This form is to be used to record Monthly Operating Reports' Receipts and Disbursements filed to date. It serves as a running total of overall cash receipts and cash disbursement and net income (or loss) for the case.

**NOTE: These amounts are directly obtained from Page 2 of the associated MOR.**

	Year:		
	Receipts	Disb	Net
Jan			
Feb			
Mar			
Apr			
May			
Jun			
Jul			
Aug			
Sep			
Oct			
Nov			
Dec			
TOTAL			

	Year:		
	Receipts-2	Disb-2	Net-2