

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

RECEIPT AND VERIFICATION

TO: WILLIAM T. NEARY, UNITED STATES TRUSTEE

CASE NAME: _____

CASE NO.: _____

I, _____ DECLARE UNDER PENALTY OF
PERJURY THAT I AM THE DULY AUTHORIZED REPRESENTATIVE OF THE DEBTOR
IN POSSESSION DESIGNATED TO OPERATE THE BUSINESS OF
_____, AND AS SUCH I HEREBY ACKNOWLEDGE RECEIPT
FROM THE UNITED STATES TRUSTEE OF THE OPERATING INSTRUCTIONS AND
REPORTING REQUIREMENTS. I HAVE READ AND UNDERSTAND THE
INSTRUCTIONS AND AGREE TO COMPLY WITH THEM.

SIGNED: _____

DATED: _____

I, _____, COUNSEL FOR THE DEBTOR IN
POSSESSION, HAVE REVIEWED AND DISCUSSED THE OPERATING INSTRUCTIONS
AND REPORTING REQUIREMENTS WITH THE SIGNATORY ABOVE.

SIGNED: _____

DATED: _____

EXHIBIT "A"

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

CASE NAME: _____ CASE NO. _____

SUMMARY OF CASH RECEIPTS AND CASH DISBURSEMENTS

For Month Ending _____, 20__

BEGINNING BALANCE IN ALL ACCOUNTS		\$ _____
RECEIPTS:		
1. Receipts from operations		\$ _____
2. Other Receipts		\$ _____
DISBURSEMENTS:		
3. Net payroll:		
a. Officers		\$ _____
b. Others		\$ _____
4. Taxes		
a. Federal Income Taxes		\$ _____
b. FICA withholdings		\$ _____
c. Employee's withholdings		\$ _____
d. Employer's FICA		\$ _____
e. Federal Unemployment Taxes	\$ _____	
f. State Income Tax		\$ _____
g. State Employee withholdings		\$ _____
h. All other state taxes		\$ _____
5. Necessary expenses:		
a. Rent or mortgage payments(s)	\$ _____	
b. Utilities		\$ _____
c. Insurance		\$ _____
d. Merchandise bought for manufacture or sale		\$ _____
e. Other necessary expenses (specify)		\$ _____
_____		\$ _____
_____		\$ _____
TOTAL DISBURSEMENTS		\$ _____
NET RECEIPTS (DISBURSEMENTS) FOR THE CURRENT PERIOD		\$ _____
ENDING BALANCE IN _____		\$ _____
(Name of Bank)		
ENDING BALANCE IN _____		\$ _____
(Name of Bank)		
ENDING BALANCE IN ALL ACCOUNTS		\$ _____

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

CASE NAME: _____ CASE NO.: _____

RECEIPTS LISTING

FOR MONTH ENDING _____, 20__

Bank: _____

Location: _____

Account Name: _____

Account No.: _____

DATE RECEIVED

DESCRIPTION

AMOUNT

TOTAL: _____

Receipts may be identified by major categories. It is not necessary to list each transaction separately by name of customer or invoice number. You must, however, create a separate list for each bank account to which receipts were deposited during the month.

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

CASE NAME: _____ CASE NO.: _____

DISBURSEMENT LISTING

FOR MONTH ENDING _____, 20__

Bank: _____

Location: _____

Account Name: _____

Account No.: _____

<u>DATE DISBURSED</u>	<u>CHECK NO.</u>	<u>DESCRIPTION</u>	<u>AMOUNT</u>
-----------------------	------------------	--------------------	---------------

TOTAL: _____

You must create a separate list for each bank account from which disbursements were made during the month.

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

CASE NAME: _____ CASE NO.: _____

FOR MONTH ENDING _____, 20__

STATEMENT OF INVENTORY

Beginning inventory	\$ _____
Add: purchases	\$ _____
Less: goods sold (cost basis)	\$ _____
Ending inventory	\$ _____

PAYROLL INFORMATION STATEMENT

Gross payroll for this period	\$ _____
Payroll taxes due but unpaid	\$ _____

STATUS OF PAYMENTS TO SECURED CREDITORS AND LESSORS

<u>Name of Creditor/ Lessor</u>	<u>Date regular payment is due</u>	<u>Amount of Regular Payment</u>	<u>Number of Payments Delinquent*</u>	<u>Amount of Payments Delinquent*</u>
---	--	--	---	---

* Include only post-petition payments.

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

CASE NAME: _____ CASE NO.: _____

FOR MONTH ENDING _____, 20__

STATEMENT OF AGED RECEIVABLES

ACCOUNTS RECEIVABLE:

Beginning of month balance					
				\$	_____
Add: sales on account				\$	_____
Less: collections				\$	_____
End of month balance				\$	_____
0-30	31-60	61-90	Over 90	End of Month	
<u>Days</u>	<u>Days</u>	<u>Days</u>	<u>Days</u>	<u>TOTAL</u>	
\$	\$	\$	\$	\$	_____

STATEMENT OF ACCOUNTS PAYABLE (POST-PETITION)

Beginning of month balance					
				\$	_____
Add: credit extended				\$	_____
Less: payments of account				\$	_____
End of month balance				\$	_____
0-30	31-60	61-90	Over 90	End of Month	
<u>Days</u>	<u>Days</u>	<u>Days</u>	<u>Days</u>	<u>TOTAL</u>	
\$	\$	\$	\$	\$	_____

ITEMIZE ALL POST-PETITION PAYABLES OVER 30 DAYS OLD ON A SEPARATE
SCHEDULE AND FILE WITH THIS REPORT

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

CASE NAME: _____ CASE NO.: _____

FOR MONTH ENDING _____, 20____

TAX QUESTIONNAIRE

Debtors in possession and trustees are required to pay all taxes incurred after the filing of their Chapter 11 petition on an as due basis. Please indicate whether the following post petition taxes or withholdings have been paid currently.

- | | | | |
|----|-----------------------------|---------|--------|
| 1. | Federal Income Taxes | Yes () | No () |
| 2. | FICA withholdings | Yes () | No () |
| 3. | Employee's withholdings | Yes () | No () |
| 4. | Employer's FICA | Yes () | No () |
| 5. | Federal Unemployment Taxes | Yes () | No () |
| 6. | State Income Tax | Yes () | No () |
| 7. | State Employee withholdings | Yes () | No () |
| 8. | All other state taxes | Yes () | No () |

If any of the above have not been paid, state below the tax not paid, the amounts past due and the date of last payment.

Do not attach this Notice to your Return

TO	District Director, Internal revenue Service Attn: Chief, Special Procedures Function
FROM:	Name of Taxpayer
	Taxpayer Address

The following information is to notify you of Federal tax deposit(s)(FTD) as required by the United States Bankruptcy Court (complete sections 1 and/or 2 as appropriate):

<p>Section 1</p> <p>Taxes Reported on Form 941, Employer's Quarterly Federal Tax Return</p>	<p>Form 941 Federal Tax Deposit (FTD) Information</p> <p>for the payroll period from _____ to _____</p> <p>Payroll date _____</p> <p>Gross wages paid to employees \$ _____</p> <p>Income tax withheld \$ _____</p> <p>Social Security (Employer's plus Employee's share of Social Security Tax) \$ _____</p> <p>Tax Deposited \$ _____</p> <p>Date Deposited _____</p>
--	--

<p>Section 2</p> <p>Taxes Reported on Form 940, Employer's Annual Federal Unemployment Tax Return</p>	<p>Form 940 Federal Tax Deposit (FTD) Information</p> <p>for the payroll period from _____ to _____</p> <p>Gross wages paid to employees \$ _____</p> <p>Tax Deposited \$ _____</p> <p>Date Deposited _____</p>
--	--

Certification
(Certification is limited to receipt or electronic transmittal of deposit only)

This certifies receipt or electronic transmittal of deposits described below for Federal taxes as defined in Circular E, Employer's Tax Guide (Publication 15)

Deposit Method (check box) Form 8109/8109B Federal Tax Deposit (FTD) coupon
 Electronic Federal Tax Payment System (EFTPS) Deposit

Amount (Form 941 Taxes)	Date of Deposit	EFTPS acknowledgment number or Form 8109 FTD received by:
Amount (Form 940 Taxes)	Date of Deposit	EFTPS acknowledgment number or Form 8109 FTD received by:
Depositor's Employer Identification Number:		Name and Address of Bank

Under penalties of perjury, I certify that the above federal tax deposit information is true and correct

Signed: _____ Date: _____

Name and Title (print or type)

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

DECLARATION UNDER PENALTY OF PERJURY

I, _____, acting as the duly authorized agent for the Debtor in Possession (Trustee) declare under penalty of perjury under the laws of the United States that I have read and I certify that the figures, statements, disbursement itemizations, and account balances as listed in this Monthly Report of the Debtor are true and correct as of the date of this report to the best of my knowledge, information and belief.

For the Debtor In Possession (Trustee)

Print or type name and capacity of
person signing this Declaration:

DATED: _____

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

CASE NAME: _____

CASE NO.: _____

Office of the U.S. Trustee
227 W. Monroe Street; Suite 3350
Chicago, IL 60606

Debtor:

Notice Date: _____

Account Number: _____

Amount Due: _____

NOTICE OF UNPAID FEES AND IMPENDING COLLECTION ACTIONS

According to the accounts receivable records, you owe the above amount to the United States Trustee in unpaid quarterly fee charges. If you do not pay this debt or take other action described below before _____, the United States Trustee will submit your debt to the U.S. Department of Treasury for further collection. Interest, penalties, and other charges for costs may be added to the amount you owe. Payment must be sent to the above address.

Once your debt is sent to the Department of Treasury, Treasury will take all authorized collection actions, including reporting the debt to credit reporting agencies and engaging private collection agencies as necessary. The debt will also be submitted to the Treasury Offset Program which means the debt will be deducted from eligible payments that are owed to you by the federal government, including but not limited to tax refunds. The Treasury Offset Program is authorized by the Debt Collection Act of 1982 and the Debt Collection Improvement Act of 1996. You may not receive another notice before your payment is offset.

Before we submit your debt to the Treasury Offset Program, we are required to tell you the following: (1) you may inspect and copy our records related to your debt; (2) you may request a review of our determination that you owe this debt; and (3) you may enter into a written repayment agreement if it is acceptable to the United States Trustee. If you are interested in these options, please send a written request to the above address.

If you make or provide any knowingly false or frivolous statements, representations, or evidence, you may be liable for penalties under the False Claims Act (31 U.S.C. §§ 286, 287, 1001, and 1002), or other applicable statutes.

If you have any questions about this letter or your rights, you should immediately contact your local field office at the above address.

EXHIBIT "C"

U. S. TRUSTEE QUARTERLY FEE STATEMENT
Pursuant to Fed. R. Bankr. P. 2015(a)(5)

CASE NAME: _____ CASE NO.: _____

FOR CALENDAR QUARTER ENDING _____, 20__

	DISBURSEMENTS*	
1.	MONTH	DISBURSEMENTS
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
	TOTAL DISBURSEMENTS FOR QUARTER	\$ _____
2.	QUARTERLY FEE OWED PURSUANT TO 28 U.S.C. §1930(A)(6)	\$ _____
3.	QUARTERLY FEE PAID (Attach proof of payment)	\$ _____
4.	AMOUNT OF UNPAID FEES (IF ANY)	\$ _____

I, _____ acting as the duly authorized agent for the Debtor In Possession (Trustee) (Plan Administrator) declare under penalty of perjury under the laws of the United States that I have read and certify that the figures, statements, disbursement itemizations, and account balances as listed in this U.S. Trustee Quarterly Fee Statement are true and correct as of the date of this report to the best of my knowledge, information and belief.

DATED: _____
_____ For the Debtor In Possession (Trustee) (Plan Administrator)

(Print or type name and capacity of person signing this Declaration). _____

* For periods subsequent to plan confirmation, this includes payments pursuant to the confirmed plan as well as all other disbursements.

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

CASE NAME: _____ CASE NO.: _____

U. S. TRUSTEE QUARTERLY REPORT ON STATUS OF PLAN PAYMENTS

FOR CALENDAR QUARTER ENDING _____, 20__

1. Were any payments required to be made under the plan this past calendar quarter? yes _____ no _____

2. If yes, were all required payments made? yes _____ no _____

3. If not, on a separate schedule, state the name, address and telephone number of each unpaid creditor, the amount due and the reason payment was not made.

I, _____ acting as the duly authorized agent under the confirmed plan declare under penalty of perjury under the laws of the United States that I have read and certify that the information listed in this U.S. Trustee Quarterly Report on Status of Plan Payments is true and correct as of the date of this report to the best of my knowledge, information and belief.

DATED: _____
_____ For the Debtor In Possession (Trustee) (Plan Administrator)

(Print or type name and capacity of person signing this Declaration).

EXHIBIT "E"

**OFFICE OF THE UNITED STATES TRUSTEE
NORTHERN DISTRICT OF ILLINOIS**

**Direction of Attorney for the Debtor
Concerning Contacts with Client Regarding Administrative Matters**

In re: _____

Case Number: _____

Part I : Purpose

The United States Trustee is responsible for supervising the administration of cases under chapters 7, 11, 12, and 13 of the United States Bankruptcy Code. 28 U.S.C. §586. To fulfill this responsibility, the U.S. Trustee has issued Guidelines for Debtors-in-Possession. The Guidelines impose certain administrative and reporting responsibilities on chapter 11 debtors-in-possession. In addition, there are other requirements imposed by law, including a requirement to pay U.S. Trustee quarterly fees. The U.S. Trustee's staff is available to assist debtors-in-possession in fulfilling these requirements. In addition, it is frequently necessary for members of the U.S. Trustee's staff to contact debtors concerning missing documents, incomplete forms, and other administrative matters. Many debtors-in-possession and attorneys prefer that these administrative matters be handled directly between the debtor and the U.S. Trustee's staff. Others prefer that all such contacts be made through counsel. We need to know how you and your client would like these matters to be handled.

Part II: Direction

_____ We direct that all contacts between the U.S. Trustee's staff concerning the administrative requirements of the U.S. Trustee, including completion of operating reports, insurance, banking arrangements, payment and calculation of quarterly fees, may be made directly between the U.S. Trustee and the debtor-in-possession.

_____ We direct that all contacts between the U.S. Trustee's staff concerning this case, including all administrative matters, be conducted through counsel for the debtor-in-possession.

Dated: _____

Attorney for Debtor-in-Possession

EXHIBIT F

U.S. Trustee Basic Monthly Operating Report

Case Name: _____ Date Filed: _____

Case Number: _____ NAICS Code: _____

Month (or portion) covered by this report: _____ Note, the NAICS Code may be found at: <http://www.census.gov/epcd/naics02/naico602.htm>

IN ACCORDANCE WITH TITLE 28, SECTION 1746, OF THE UNITED STATES CODE, I DECLARE UNDER PENALTY OF PERJURY THAT I HAVE EXAMINED THIS U.S. TRUSTEE BASIC MONTHLY OPERATING REPORT AND THE ACCOMPANYING ATTACHMENTS ON BEHALF OF THE CHAPTER 11 DEBTOR AND, TO THE BEST OF MY KNOWLEDGE, THIS REPORT AND RELATED DOCUMENTS ARE TRUE, CORRECT AND COMPLETE.

ORIGINAL SIGNATURE OF RESPONSIBLE PARTY

DATE REPORT SIGNED

PRINTED NAME OF RESPONSIBLE PARTY AND POSITION WITH DEBTOR

The debtor is required to provide financial reports prepared by or for the debtor in addition to the information required by this form. The U.S. Trustee may permit the debtor to eliminate duplicative information. No such permission is valid unless in writing.

QUESTIONNAIRE:

	YES	NO
1. IS THE BUSINESS STILL OPERATING?	<input type="checkbox"/>	<input type="checkbox"/>
2. DID YOU SELL ANY ASSETS OTHER THAN INVENTORY THIS MONTH?	<input type="checkbox"/>	<input type="checkbox"/>
3. HAVE YOU PAID ANY BILLS YOU OWED BEFORE YOU FILED BANKRUPTCY?	<input type="checkbox"/>	<input type="checkbox"/>
4. DID YOU PAY ANYTHING TO YOUR ATTORNEY OR OTHER PROFESSIONALS THIS MONTH?	<input type="checkbox"/>	<input type="checkbox"/>
5. DID YOU PAY ALL YOUR BILLS ON TIME THIS MONTH?	<input type="checkbox"/>	<input type="checkbox"/>
6. DID YOU PAY YOUR EMPLOYEES ON TIME?	<input type="checkbox"/>	<input type="checkbox"/>
7. HAVE YOU FILED ALL OF YOUR RETURNS AND PAID ALL OF YOUR TAXES THIS MONTH?	<input type="checkbox"/>	<input type="checkbox"/>
8. DID YOU PAY ALL OF YOUR INSURANCE PREMIUMS THIS MONTH?	<input type="checkbox"/>	<input type="checkbox"/>
9. DID ANY INSURANCE COMPANY CANCEL YOUR POLICY THIS MONTH?	<input type="checkbox"/>	<input type="checkbox"/>
10. HAVE YOU BORROWED MONEY FROM ANYONE THIS MONTH?	<input type="checkbox"/>	<input type="checkbox"/>
11. DO YOU HAVE ANY BANK ACCOUNTS OPEN OTHER THAN THE DIP ACCOUNT?	<input type="checkbox"/>	<input type="checkbox"/>
12. DID YOU HAVE ANY UNUSUAL OR SIGNIFICANT UNANTICIPATED EXPENSES THIS MONTH?	<input type="checkbox"/>	<input type="checkbox"/>

Yes	No
------------	-----------

- 13. DID YOU DEPOSIT ALL MONEY FOR YOUR BUSINESS INTO THE DIP ACCOUNT THIS MONTH?
- 14. DID THE BUSINESS SELL ANY GOODS OR PROVIDE SERVICES TO ANY BUSINESS RELATED TO THE DIP IN ANY WAY?
- 15. DO YOU PLAN TO CONTINUE TO OPERATE THE BUSINESS NEXT MONTH?
- 16. ARE YOU CURRENT ON YOUR QUARTERLY FEE PAYMENT TO THE UST?

TAXES

DO YOU HAVE ANY PAST DUE TAX RETURNS OR PAST DUE POST-PETITION TAX OBLIGATIONS?

IF YES, PLEASE PROVIDE A WRITTEN EXPLANATION INCLUDING WHEN SUCH RETURNS WILL BE FILED, OR WHEN SUCH PAYMENTS WILL BE MADE AND THE SOURCE OF THE FUNDS FOR THE PAYMENT.

(Exhibit A)

INCOME

PLEASE SEPARATELY LIST ALL OF THE INCOME YOU RECEIVED FOR THE MONTH. THE LIST SHOULD INCLUDE ALL INCOME FROM CASH AND CREDIT TRANSACTIONS. [If you use an automated accounting system, please attach a copy of the Income Statement and Balance Sheet.]

TOTAL INCOME _____

(Exhibit B)

EXPENSES

PLEASE SEPARATELY LIST ALL EXPENSES PAID BY CASH OR BY CHECK FROM YOUR BANK ACCOUNTS PAID THIS MONTH. INCLUDE THE DATE PAID, WHO WAS PAID THE MONEY, THE PURPOSE AND THE AMOUNT. [If you use an automated accounting system, please attach a copy of the Disbursements Journal, otherwise attach a copy of the check register.]

TOTAL EXPENSES _____

(Exhibit C)

CASH PROFIT

INCOME FOR THE MONTH (TOTAL FROM EXHIBIT B) _____

EXPENSES FOR THE MONTH (TOTAL FROM EXHIBIT C) _____

(Subtract The Total from Exhibit C from the Total of Exhibit B) **CASH PROFIT FOR THE MONTH** _____

UNPAID BILLS

PLEASE ATTACH A LIST OF ALL DEBTS (INCLUDING TAXES) WHICH YOU HAVE INCURRED SINCE THE DATE YOU FILED BANKRUPTCY BUT HAVE NOT PAID. THE LIST MUST INCLUDE THE DATE THE DEBT WAS INCURRED, WHO IS OWED THE MONEY, THE PURPOSE OF THE DEBT AND WHEN THE DEBT IS DUE.

TOTAL PAYABLES _____

(Exhibit D)

MONEY OWED TO YOU

PLEASE ATTACH A LIST OF ALL AMOUNTS OWED TO YOU BY YOUR CUSTOMERS FOR WORK YOU HAVE DONE OR THE MERCHANDISE YOU HAVE SOLD. YOU SHOULD INCLUDE WHO OWES YOU MONEY, HOW MUCH IS OWED AND WHEN IS PAYMENT DUE.

TOTAL RECEIVABLES _____

(EXHIBIT E)

BANKING INFORMATION

PLEASE ATTACH A COPY OF YOUR LATEST BANK STATEMENT FOR EVERY ACCOUNT YOU HAVE AS OF THE DATE OF THIS FINANCIAL REPORT.

EMPLOYEES

NUMBER OF EMPLOYEES WHEN THE CASE WAS FILED? _____

NUMBER OF EMPLOYEES AS OF THE DATE OF THIS MONTHLY REPORT? _____

PROFESSIONAL FEES

TOTAL PROFESSIONAL FEES APPROVED BY THE COURT DURING THIS REPORTING PERIOD? _____

TOTAL PROFESSIONAL FEES APPROVED BY THE COURT SINCE THE FILING OF THE CASE? _____

TOTAL PROFESSIONAL FEES INCURRED BY OR ON BEHALF OF THE DEBTOR DURING THIS REPORTING PERIOD? _____

TOTAL PROFESSIONAL FEES INCURRED BY OR ON BEHALF OF THE DEBTOR SINCE THE FILING OF THE CASE? _____

PROFESSIONAL FEES INCURRED BY OR ON BEHALF OF THE DEBTOR **RELATED TO BANKRUPTCY** DURING THIS REPORTING PERIOD? _____

PROFESSIONAL FEES INCURRED BY OR ON BEHALF OF THE DEBTOR **RELATED TO BANKRUPTCY** SINCE THE FILING OF THE CASE? _____

PROJECTIONS

COMPARE YOUR ACTUAL INCOME, EXPENSES AND THE CASH PROFIT TO THE PROJECTIONS FOR THE FIRST 180-DAYS OF YOUR CASE PROVIDED AT THE INITIAL DEBTOR INTERVIEW.

PROJECTED INCOME FOR THE MONTH:

ACTUAL INCOME FOR THE MONTH (EXHIBIT B):

DIFFERENCE BETWEEN PROJECTED AND ACTUAL INCOME:

PROJECTED EXPENSES FOR THE MONTH:

TOTAL ACTUAL EXPENSES FOR THE MONTH (EXHIBIT C):

DIFFERENCE BETWEEN PROJECTED AND ACTUAL EXPENSES:

PROJECTED CASH PROFIT FOR THE MONTH:

ACTUAL CASH PROFIT FOR THE MONTH
(TOTAL FROM EXHIBIT B MINUS TOTAL FROM EXHIBIT C)

DIFFERENCE BETWEEN PROJECTED AND ACTUAL CASH PROFIT:

**[If actual cash profit was 90% or less of projected cash profit,
please attach a detailed written explanation.]**

EXHIBIT G