IN THE UNITED STATES BANKRUPTCY COURT FOR THE _____ DISTRICT OF _____ CASE NAME:_____ CASE NO.:____ STATUS REPORT FOR DEBTORS IN POSSESSION NOT OPERATING ANY BUSINESS For the Month Ending ______, ____ STATEMENT OF CASH BEGINNING BALANCE (ending balance from last month) \$_____ ADD INCOME: Salary \$_____ Other Income (Specify): <u>_____\$___</u> _____\$____ <u>____</u>\$___ TOTAL INCOME (A) \$_____ LESS EXPENSES: Mortgage \$_____

Other Expenses (itemize

amounts in excess of \$500) \$	·		
	\$	_	
	\$	-	
TOTAL EXPENSES (B) \$			
NET RECEIPTS (Line (A) le	ess Line (B)) \$		
ENDING BALANCE (BEGI	NNING BALANCE PI	LUS NET RECEIPT	TS \$
NOTE: Attach a copy of the	e most recent bank sta	tement and a reco	nciliation for each account.
STA	ATUS REPORT FOR D	EBTORS IN POSS	ESSION
	NOT OPERATING	G ANY BUSINESS	
	QUESTIC	<u>ONNAIRE</u>	
1. Have you incurred any deb	ots since the		
filing of the petition that rem	ain unpaid? YES () NO	()	
If so, provide the necessary in	nformation in the space	provided.	
DATE DUE			
<u>PAYEE</u>			

DESCRIPTION

<u>AMOUNT</u>
2. What tax forms are you required to file?
3. Are you required to make estimated
payments (1040 ES)? YES () NO ()
4. Are your post-petition real estate taxes
paid through all current billings? YES () NO ()
5. Is your insurance in effect? YES () NO ()
If no, when did coverage expire?
Policy number:
Company:
6. Summarize both court and non-court activities during this month that have affected the progress of

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our case.	
7. Discuss when you anticipate filing a plan of reorganization and disclosure	e statement.
	-
3. List issues to be resolved during the administration of this case.	
	-
IN THE UNITED STATES BANKRUPTCY CO	JRT
FOR THEDISTRICT OF	
FOR THE MONTH ENDING	

DECLARATION UNDER PENALTY OF PERJURY

	declare under penalty of perjury re read the foregoing Monthly Report of the Debtor, and that ations, and account balances as listed, are true and correct as owledge, information and belief.
Copies of this report have been forwarded to Service.	the U.S. Bankruptcy Court and the Internal Revenue
Signature	
Print name, capacity and phone number	
of person signing this Declaration:	
Name	
Title	
Phone #	

Dated:		