VTB Form S-3 2/20

### CHAPTER 12 MONTHLY OPERATING REPORT

Month: Year:

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NAME OF DEBTOR: CASE NO:

# MONTHLY CASH RECEIPTS AND DISBURSEMENTS

(Report on a cash basis, unless you keep financial records on an accrual basis)

CASH RECEIVED DURING MONTH (ITEMIZE):

(		
Item and Quantity Sold	Amount	\$0.00 \$0.00 \$0.00
New Loan received this month (if any):		\$0.00
Wages earned from outside work:		\$0.00
Other receipts:		\$0.00
TOTAL CASH RECEIPTS		\$0.00
EXPENSES PAID:		
Total amount paid for household		
or living expense:	\$	-
Operating Expenses Paid (itemize):	\$	-
Item	\$	-
	\$	-
	\$ \$ \$	-
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Plan payments made to Chapter 12 Trustee	\$	-
TOTAL EXPENSES PAID DURING MONTH \$	\$	-
Losses due to crop failure or	\$	-
damage	\$	-
-	\$	-
Losses due to death or disease of	\$ \$ \$	-
livestock or poultry	\$	-
SUBTOTAL	\$	-
PROFIT (OR LOSS) FOR MONTH	\$	-

 III.
 CASH RECONCILIATION:

 Cash and Bank Accounts Balance at Beginning of Month:
 \$

 Income (or Loss) During Month:
 \$

 Cash and Bank Account Balance at End of Month:
 \$

 IV.
 EXPENSES CHARGED BUT NOT PAID DURING MONTH (ITEMIZE):

 Expense:
 Amount:

I CERTIFY UNDER PENALTY OF PERJURY THAT I HAVE READ THE FOREGOING STATEMENT, AND IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION, AND BELIEF.

DATE

DEBTOR/OFFICER OF DEBTOR

## TAX DEPOSIT STATEMENT

Month:		
Year:		
NAME OF DEBTOR:		
CASE NO:		
SUMMARY		
FEDERAL WITHHOLDING TAX		
	Beginning Withholding Tax Payable	\$
	Withheld or Accrued	\$ \$
	Disbursements to Tax Account	\$
	Ending Withholding Tax Payable	\$
STATE WITHHOLDING TAX		
	Beginning Withholding Tax Payable Withheld or Accrued	\$
	Disbursements to Tax Account and/or check	\$

Deposit Receipt and/or check numbers

	Ending Withholding Tax Payable	\$	-	
FICA WITHHOLDING TAX (include both employer and employee share:				
	Beginning FICA Tax Payable	\$	-	
	Withheld or Accrued	\$	-	
	Disbursements to Tax Account	\$	-	
	Deposit Receipt and/or check numbers			
	Ending FICA Tax Payable	\$	-	
SALES TAX				
	Beginning Sales Tax Payable New Sales Tax Payable	\$ \$	-	
	Disbursements to Tax Account	\$	-	
	Deposit Receipt and/or check numbers			
	Ending Sales Tax Payable	\$	-	

I CERTIFY UNDER PENALTY OF PERJURY THAT I HAVE READ THE FOREGOING STATEMENT, AND IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

DATE

Sign: Print Name: DEBTOR/OFFICER OF THE DEBTOR

#### TAX DEPOSIT STATEMENT

Month: Year: NAME OF DEBTOR: CASE NO:

#### FEDERAL WITHHOLDING TAX

Beginning Withholding Tax Payable	\$
Withheld or Accrued	\$
Disbursements to Tax Account	\$

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	Ending Withholding Tax Payable	\$	-
STATE WITHHOLDING TAX			
	Beginning Withholding Tax Payable Withheld or Accrued	\$	-
	Disbursements to Tax Account	\$	-
	Deposit Receipt and/or check numbers		
	Ending Withholding Tax Payable	\$	-
FICA WITHHOLDING TAX (include	e both employer and employee share:		
	Beginning FICA Tax Payable	\$	-
	Withheld or Accrued	\$	-
	Disbursements to Tax Account	\$	-
	Deposit Receipt and/or check numbers		
	Ending FICA Tax Payable	\$	-
SALES TAX			
	Beginning Sales Tax Payable New Sales Tax Payable	\$ \$	-
	Disbursements to Tax Account	\$	-
	Deposit Receipt and/or check numbers		
	Ending Sales Tax Payable	\$	_

I CERTIFY UNDER PENALTY OF PERJURY THAT I HAVE READ THE FOREGOING STATEMENT, AND IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION, AND BELIEF.

DATE DEBTOR/OFFICER OF THE DEBTOR

Sign:	
Print Name:	

UNITED STATES BANKRUPTCY COURT

#### DISTRICT OF VERMONT

Chapter 12

Month: Year:

INDIVIDUAL CHAPTER 12 REPORT OF CURRENT INCOME AND CURRENT EXPENDITURES

Complete this form by giving the amount of money received each month or expenses each month and by answering each of the other questions. If your answer is "none" or "not applicable", so state.

1. Debtor's marital status is: The name of the debtor's spouse is:

2. The name, relationship and age of the debtor's dependents other than spouse are:

a. b. c. d.

3. Employment and Occupation

a.	Debtor is employed by:
	as a:
b.	Debtor is self-employed and the debtor's place of business is

Spouse is employed by: c. as a: d. Spouse is self-employed and the spouse's place of business is: 4. Income Debtor, give your current monthly income. a. 1. Take-home pay Calculated as follows: (a) Gross wages, salary, or commissions \$ LESS (b) Payroll taxes (including Social Security) \$ (c) Insurance \$ (d) Union Dues \$

come from operation of business or urity nd other ncome om ownership of	\$ \$ \$		-
nd other ncome	\$		-
nd other ncome	\$		-
ncome			-
om ownership of			
	\$		-
nal property			
t income (interest	\$		-
s)			
r support payable to the debtor	\$		-
pr's use			
	f \$		-
n d o	nt income (interest ds) or support payable to the debtor or's use	ayable to the debtor for the support of \$	ayable to the debtor for the support of \$

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\$	-
\$	-
\$	-
\$	-
\$	-
-	\$

b.

Spouse, give the current monthly of your spouse.

1. Spouse's take-home pay	\$ -
<ol> <li>Total of all other income received by your spouse (include all sources of income listed in 4a(2)</li> </ol>	\$ -
through 4a(10)	
TOTAL	\$ -

5 Expenses, give current monthly expenses of debtor or family. (Exclude payments on debts owed as of the date you filed a case under the Bankruptcy Code, unless, the debt is specifically listed below).

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Home mortgage	\$
a. amount of mortgage payment used for taxes or insurance	\$
Routine home maintenance	\$

Rent (include condominium fee or lot rental for trailer)	\$
Utilities:	\$
a. electricity	\$
b. heat	\$
c. water	\$
d. telephone	\$
e. other	\$
5. Food	\$
5. F00u	Ş
6. Clothing	\$
<ul><li>7. Laundry and cleaning</li><li>8. Newspapers, periodicals and books</li><li>(including school books)</li></ul>	\$ \$
9. Medical, dental and drug expenses	\$
10. Insurance (not deducted from wages)	\$
a. auto	\$
b. life	\$
c. medical	\$
d. homeowners or renters	\$
e. other	\$
11. Transportation (not including auto payments)	\$
12. Recreation	\$

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13. Dues, union, professional, social	\$
or otherwise (not deducted from wages)	
14. Taxes (not deducted from wages or included in mortgage pa	\$
15. Alimony, maintenance or support payments	\$

\$

16. Other payments for support of dependents not living at home

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Total Income	Ś	-	
TOTAL		\$	
	c. other	\$	
	b. home improvement	\$	
	a. auto	\$	
	19. Installment Payments		
	TOTAL	\$	
	18. Other (explain)	\$	
	17. Religious and other charitable	\$	

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Total Income	\$ -
Total Expenses	\$ -
Surplus (deficiency)	\$ -