AMRANE COHEN, CHAPTER 13 TRUSTEE
BUSINESS PROFIT AND LOSS STATEMENT

↓READ FIRST↓

Directions:
1. Fill out for Debtor(s) earning at least $75,000 gross business income per year.
2. Attach 6 months bank statements.
3. Fill-out Questionnaire also.

Name of Debtor(s)	Name of All Principals and Share %
Nature of Business	Name of Business and Type (Sole proprietor, LLC, S-Corp, C-Corp, etc)

9 / 2013 ← Enter Anticipated Filing Month (Enter Month & Year: ##/####; E.g. 11/2013)

	12 Months						6 Months					
Month/Year	1 / -1	2 / -1	3 / -1	4 / -1	5 / -1	6 / -1	7 / -1	8 / -1	9 / -1	10 / -1	11 / -1	12 / -1
Gross Receipts or Sales												
Cost of Goods Sold												
Gross Profit	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Monthly Expenses												
Returns and allowances												
Advertising												
Bad debt from sales/services												
Car and truck expenses												
Commissions and Fees												
Insurance (non-health)												
Interest paid												
Legal and prof. expenses												
Office exp. (attach item list)												
Pension/profit sharing												
Rent or lease (office)												
Rent or lease (equipment)												
Repairs and maintenance												
Supplies												
Taxes and licenses												
Travel, meals, and entertainment												
Utilities												
Wages (less benefits)												
Employee benefit programs												
Other												
Other												
Other												
Other												
Total Expenses	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Net Income	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0

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Name of Debtor(s)	Name of All Principals and Share %
Nature of Business	Name of Business and Type

9 / 2013 ← Anticipated Filing Month

	Totals			
Month/Year	12 Mo. Total	12 Mo. Avg.	6 Mo. Total	6 Mo. Avg.
Gross Receipts or Sales	$0	$0	$0	$0
Cost of Goods Sold	$0	$0	$0	$0
Gross Profit	$0	$0	$0	$0
Monthly Expenses				
Returns and allowances				
Advertising				
Bad debt from sales/services				
Car and truck expenses				
Commissions and Fees				
Insurance (non-health)				
Interest paid				
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Office exp. (attach item list)				
Pension/profit sharing				
Rent or lease (office)				
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Supplies				
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Travel, meals, and entertainment				
Utilities				
Wages (less benefits)				
Employee benefit programs				
Other				
Other				
Other				
Other				
Total Expenses	$0	$0	$0	$0
Net Income	$0	$0	$0	$0