## UNITED STATES BANKRUPTCY COURT

 SOUTHERN AND WESTERN DISTRICTS OF TEXAS

CASE NUMBER: $\qquad$
THIS REPORT IS FOR THE MONTH/YEAR (example: MAY/1995) OF


All Individual Debtor-In-Possession Checking, Savings, Brokerage Accounts:


All Non-Debtor-In-Possession Accounts:


## A copy of a reconciled statement should be attached for each and all accounts.

Total Disbursements from MOR-7
Or Small Business Exhibit B-1
(When the debtor is a sole proprietorship)
Are all post-petition liabilities, including taxes, being paid within terms? Yes $\square$ No $\square$
Have any pre-petition liabilities been paid? Yes $\square$ No $\square$ If so, explain
Are all U. S. Trustee Quarterly Fee Payments current? Yes $\square$ No $\square$
What is the status of your Plan of Reorganization?
***The original of this document must be filed with the United States Bankruptcy Court and a copy must be sent to the United States Trustee***

I certify under penalty of perjury that the following complete Monthly Financial Report (MFR), consisting of MFR-1 through

MFR-1


MFR-3 plus attachments, is true and correct.

SIGNED $\qquad$
(ORIGINAL SIGNATURE)

Total 1
$\square \mathbf{N o}$
Total Disbursements
(When the debtor is an Individual)

This FORM is for INDIVIDUALS ONLY
Petition Date:
CASE NAME: $\square$ CASE NUMBER:

| CASH RECEIPTS AND | SCHEDULE | $\begin{aligned} & \hline \hline \text { MONTH } \end{aligned}$ | MONTH | MONTH | MONTH | ב MONTH | $\begin{aligned} & \hline \square \\ & \text { MONTH } \end{aligned}$ |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| DISBURSEMENTS | I \& J |  |  |  |  |  |  |
| 1. CASH - BEGINNING OF MONTH |  |  |  |  |  |  |  |
| RECEIPTS |  |  |  |  |  |  |  |
| 2. Wages, Salary, Commissions (net) |  |  |  |  |  |  |  |
| 3. Rents, Rovalties, Dividends, Interest |  |  |  |  |  |  |  |
| 4. Social Security, Pension, etc. |  |  |  |  |  |  |  |
| 5. Other (attach list) |  |  |  |  |  |  |  |
| TOTAL RECEIPTS | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 |
| Draw from (Contribution to) Operation of Business MOR-7 or Small Business Exhibit B-1 |  |  |  |  |  |  |  |
| disbursements |  |  |  |  |  |  |  |
| 6. Rent or Home Mortgage Payment |  |  |  |  |  |  |  |
| 7. Utilities (electric/gas, water, telephone) |  |  |  |  |  |  |  |
| 8. Home Maintenance (repairs and upkeep) |  |  |  |  |  |  |  |
| 9. Food, Clothing, Laundry, and Dry Cleaning |  |  |  |  |  |  |  |
| 10. Medical and Dental |  |  |  |  |  |  |  |
| 11. Transportation (not including car payment) |  |  |  |  |  |  |  |
| 12. Recreations, Clubs, and Entertainment |  |  |  |  |  |  |  |
| 13. Insurance (not included in wages or home mortgage) |  |  |  |  |  |  |  |
| 14. Taxes (not included in wages or home mortgage) |  |  |  |  |  |  |  |
| 15. Auto Payment |  |  |  |  |  |  |  |
| 16. Credit Cards |  |  |  |  |  |  |  |
| 17. Other (attach list) |  |  |  |  |  |  |  |
| SUB-TOTAL DISBURSEMENTS (for Individual) | \$ 0.00 | \$0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 |
|  |  |  |  |  |  |  |  |
| 19. U.S. TRUSTEE FEES |  |  |  |  |  |  |  |
| TOTAL DISBURSEMENTS | \$ 0.00 | \$0.00 | \$0.00 | \$0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 |
| 20. NET CASH FLOW | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 21. CASH - END OF MONTH | \$ 0.00 | \$0.00 | \$0.00 | \$0.00 | \$ 0.00 | \$ 0.00 | \$0.00 |

MFR-2
Revised:1/31/2014

This FORM is for INDIVIDUALS ONLY
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