

DEBTOR  
CASE NUMBER

debtorname1  
casenumber1

INITIAL FINANCIAL REPORT

COVER SHEET

**APPENDIX 5**

4/5/2020

**THIS REPORT IS DUE 14 DAYS AFTER THE PETITION FILING DATE**

Debtor must attach each of the following documents or a satisfactory explanation for failure to attach a document. SUBMIT ORIGINAL REPORT TO US TRUSTEE. Do not file report with Clerk of Court.

Document Attached	Previously Submitted	Explanation Attached	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 Latest Fiscal Year Financial Statements and Tax Returns
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 Balance Sheet as of Month End Immediately Preceding Filing
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3 Profit and Loss Statement for the <b>month</b> and <b>year</b> Immediately Preceding Filing
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4 Insurance & Environmental Risk Questionnaire (OGRR-Exhibit 3) ..Proof of
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a. General Liability Insurance
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b. Property (Fire, Theft, etc) Insurance
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c. Workers' Compensation Insurance
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	d. Vehicle Insurance
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	e. Other
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5 Projected Revenue. Expenses and Cahs Flow for First 180 Days of Post-petition Oerations (Form IR-6 or OGRR-Exhibit 7)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6 Name and Address of Financial Institution. Account Number and Sample Voided Check for Each Debtor in Possession Bank Account
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a. Generl Account
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b. Tax Account (if required)

***I declare under penalty of perjury that the following Initial Financial Reprt, and any attachments thereto, are true and cirrect to the best of my knowledge and belief.***

Executed on 4/5/2020 Debtor(s): \_\_\_\_\_  
By: \_\_\_\_\_  
Position: \_\_\_\_\_  
Email & Phone: \_\_\_\_\_