|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | **KEY PLAN TERMS** | | | | | | | |
| **Class** | **Creditor** | **Impaired** | **Allowed Claim** | **Interest Rate Per Year** | **No. of Payments** | **Payment Per Month** | **Total Payments by Plan** | **Percentage Distribution** | **Comments** |
| **Treatment Of Claims** | | | | | | | | | |
|  | | | | | | | | | |
| **Non-Classified Claims** | | | | | | | | | |
|  | Debtor’s counsel | n/a | $50,000 | 0% | 2 | n/a | $50,000 |  |  |
|  | I.R.S. | n/a | $10,000 | 5% | 10 | $189 | $11,323 |  |  |
| **Priority Claims** | | | | | | | | | |
| 1 | Ex-spouse (DSO) | Yes | $25,000 | 6% | 60 | $484 | $29,000 |  |  |
| **Secured Claims** | | | | | | | | | |
| 2 | Property Taxes | Yes | $20,000 | 12% | 55 | $475 | $26,100 |  | Pre-petition taxes |
| 3 | Car | Yes | $55,000 | 5% | 55 | $1,121 | $61,657 |  |  |
| **General Unsecured Claims** | | | | | | | | | |
| 4 | Amazon business | Yes | $12,000 | 0% | 55 |  |  | 50% | Schedule F |
|  | IRS | Yes | $10,000 | 0% | 55 |  |  | 50% | POC 1 |
|  | U.P.S. | Yes | $7,000 | 0% | 55 |  |  | 50% | Schedule F |
|  |  |  |  |  |  |  |  |  |  |
| **Equity in Reorganized Debtor** | | | | | | | | | |
|  | **Holder** | **Percentage Interest** | | **Pre-petition Interest** | | **Disposition** | |  |  |
|  | | | | | | | | | |
|  | Mr. John Smith | 50% | | 50% | | Retain | |  |  |
|  | Mrs. Joan Smith | 50% | | 50% | | Retain | |  |  |
| **Management after reorganization** | | | | | | | | | |
|  | **Name** | **Position** | |  |  | **Comp per Month** | **Comp per year** |  |  |
|  | | | | | | | | | |
|  | Mr. John Smith | Manager | |  |  | $10,000 | $120,000 |  |  |
|  |  |  |  |  |  |  |  |  |  |
| **Executory Contracts and/or Leases to be Assumed** | | | | | | | | | |
|  | **Counter Party** |  | **Description of Collateral** | | | **Cure Amount** | **Payments Per Month** |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| **Executory Contracts and/or Leases to be Assumed** | | | | | | | | | |
|  | **Counter Party** |  | **Description of Collateral** | | | **Cure Amount** | **Payments Per Month** |  |  |
|  |  |  |  |  |  |  |  |  |  |