In re

Debtor(s)

Case Number:

(If known)

According to the information required to be entered on this statement (check one box as directed in Part I, III, or VI of this statement):

The presumption arises.
 The presumption does not arise.
 The presumption is temporarily inapplicable.

CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME AND MEANS-TEST CALCULATION

In addition to Schedules I and J, this statement must be completed by every individual chapter 7 debtor, whether or not filing jointly. Unless the exclusion in Line 1C applies, joint debtors may complete a single statement. If the exclusion in Line 1C applies, each joint filer must complete a separate statement.

	Part I. MILITARY AND NON-CONSUMER DEBTORS
	Disabled Veterans. If you are a disabled veteran described in the Declaration in this Part IA, (1) check the box at the beginning of the Declaration, (2) check the box for "The presumption does not arise" at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.
1A	Declaration of Disabled Veteran. By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. § 101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. §901(1)).
1B	Non-consumer Debtors. If your debts are not primarily consumer debts, check the box below and complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.
	Declaration of non-consumer debts. By checking this box, I declare that my debts are not primarily consumer debts.
	Reservists and National Guard Members; active duty or homeland defense activity. Members of a reserve component of the Armed Forces and members of the National Guard who were called to active duty (as defined in 10 U.S.C. § 101(d)(1)) after September 11, 2001, for a period of at least 90 days, or who have performed homeland defense activity (as defined in 32 U.S.C. § 901(1)) for a period of at least 90 days, are excluded from all forms of means testing during the time of active duty or homeland defense activity and for 540 days thereafter (the "exclusion period"). If you qualify for this temporary exclusion, (1) check the appropriate boxes and complete any required information in the Declaration of Reservists and National Guard Members below, (2) check the box for "The presumption is temporarily inapplicable" at the top of this statement, and (3) complete the verification in Part VIII. During your exclusion period you are not required to complete the balance of this form, but you must complete the form no later than 14 days after the date on which your exclusion period ends.
1C	Declaration of Reservists and National Guard Members. By checking this box and making the appropriate entries below, I declare that I am eligible for a temporary exclusion from means testing because, as a member of a reserve component of the Armed Forces or the National Guard
	 a. I was called to active duty after September 11, 2001, for a period of at least 90 days and I remain on active duty /or/ I was released from active duty on, which is less than 540 days before this bankruptcy case was filed; OR
	 b. I am performing homeland defense activity for a period of at least 90 days /or/ I performed homeland defense activity for a period of at least 90 days, terminating on , which is less than 540 days before this bankruptcy case was filed.

	Pa	rt II. CALCULATION OF MONTHL	Y INCOME FOR § 707(b)((7) H	EXCLUSIO	N
2	 Marital/filing status. Check the box that applies and complete the balance of this part of this statement as directed. a. Unmarried. Complete only Column A ("Debtor's Income") for Lines 3-11. b. Married, not filing jointly, with declaration of separate households. By checking this box, debtor declares une penalty of perjury: "My spouse and I are legally separated under applicable non-bankruptcy law or my spouse are living apart other than for the purpose of evading the requirements of § 707(b)(2)(A) of the Bankruptcy Concomplete only Column A ("Debtor's Income") for Lines 3-11. c. Married, not filing jointly, without the declaration of separate households set out in Line 2.b above. Complete Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 3-11. d. Married, filing jointly. Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") and Column B (Spouse's Income					res under ouse and I cy Code." nplete both
	the six month	ures must reflect average monthly income receive calendar months prior to filing the bankruptcy ca before the filing. If the amount of monthly incom ivide the six-month total by six, and enter the resu	se, ending on the last day of the ne varied during the six months, ye		Column A Debtor's Income	Column B Spouse's Income
3	Gross	wages, salary, tips, bonuses, overtime, commis	sions.		\$	\$
4	Income from the operation of a business, profession or farm. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 4. If you operate more than one business, profession or farm, enter aggregate numbers and provide details on an attachment. Do not enter a number less than zero. Do not include any part of the business expenses entered on Line b as a deduction in Part V.			ne nt.		
+	a.	Gross receipts	\$			
	b.	Ordinary and necessary business expenses	\$			
	c.	Business income	Subtract Line b from Line a		\$	\$
	Rent and other real property income. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 5. Do not enter a number less than zero. Do not include any part of the operating expenses entered on Line b as a deduction in Part V.				*	-
5	a.	Gross receipts	\$			
	b.	Ordinary and necessary operating expenses	\$			
	c.	Rent and other real property income	Subtract Line b from Line a		\$	\$
6	Intere	st, dividends and royalties.			\$	\$
7	Pensio	on and retirement income.			\$	\$
8	Any amounts paid by another person or entity, on a regular basis, for the household expenses of the debtor or the debtor's dependents, including child support paid for that purpose. Do not include alimony or separate maintenance payments or amounts paid by your spouse if Column B is completed.				\$	\$
9	Howey was a Colum Unem	ployment compensation. Enter the amount in the ver, if you contend that unemployment compensationenefit under the Social Security Act, do not list t in A or B, but instead state the amount in the space poloyment compensation claimed to	tion received by you or your spous he amount of such compensation i e below:			
	be a b	penefit under the Social Security Act Debtor \$ _	Spouse \$		\$	\$

322A (Off	icial Form 2	2A) (Chapter 7) (12/08)			
10	Income sources of paid by alimony Security victim of				
	a.		\$ \$		
	b.	nd enter on Line 10	\$		
	Total a			\$	\$
11	Subtotal of Current Monthly Income for § 707(b)(7). Add Lines 3 thru 10 in Column A, and, if Column B is completed, add Lines 3 through 10 in Column B. Enter the total(s).				\$
12	Total Current Monthly Income for § 707(b)(7). If Column B has been completed, addLine 11, Column A to Line 11, Column B, and enter the total. If Column B has not beencompleted, enter the amount from Line 11, Column A.				
		Part III. APPLICATION OF § 707(b)(7) EXCLUSION		
13		zed Current Monthly Income for § 707(b)(7). Multiply the an nter the result.	nount from Line 12 b	y the number	\$
14	Applicable median family income. Enter the median family income for the applicable state and household size. (This information is available by family size at <u>www.usdoj.gov/ust/</u> or from the clerk of the bankruptcy court.)				
	a. Enter debtor's state of residence: b. Enter debtor's household size:				\$
	Applica	tion of Section 707(b)(7). Check the applicable box and proceed	as directed.		
15 The amount on Line 13 is less than or equal to the amount on Line 14. Check the box for "The presumption not arise" at the top of page 1 of this statement, and complete Part VIII; do not complete Parts IV, V, VI or VII					
	The amount on Line 13 is more than the amount on Line 14. Complete the remaining parts of this statement.				

Complete Parts IV, V, VI, and VII of this statement only if required. (See Line 15.)

	Part IV. CALCULATION OF CURRENT MONTHLY INCOME FOR § 707(b)(2)						
16	Enter th	e amount from Line 12.			\$		
17	Line 11, debtor's payment depender a separat a. b. c.	adjustment. If you checked the box at Line 2.c, enter on Line 1 Column B that was NOT paid on a regular basis for the househo dependents. Specify in the lines below the basis for excluding th of the spouse's tax liability or the spouse's support of persons on ts) and the amount of income devoted to each purpose. If neces e page. If you did not check box at Line 2.c, enter zero.	old expenses of the ne Column B incom other than the debto	debtor or the le (such as r or the debtor's	¢		
10		nd enter on Line 17.			\$		
18	Current	monthly income for § 707(b)(2). Subtract Line 17 from Line	16 and enter the res	ult.	\$		
		Part V. CALCULATION OF DEDUCTION	S FROM INCO	OME			
Subpart A: Deductions under Standards of the Internal Revenue Service (IRS)							
19ANational Standards: food, clothing and other items. Enter in Line 19A the "Total" amount from IRS National Standards for Food, Clothing and Other Items for the applicable household size. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)				\$			

B22A (Official Form 22A) (Chapter 7) (12/08)

022A (01	22A (Official Form 22A) (Chapter 7) (12/08)								
19B	National Standards: health care. Enter in Line a1 below the amount from IRS National Standards for Out- of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out- of-Pocket Health Care for persons 65 years of age or older. (This information is available at <u>www.usdoj.gov/ust/</u> or from the clerk of the bankruptcy court.) Enter in Line b1 the number of members of your household who are under 65 years of age, and enter in Line b2 the number of members of your household who are 65 years of age or older. (The total number of household members must be the same as the number stated in Line 14b.) Multiply Line a1 by Line b1 to obtain a total amount for household members under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for household members 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 19B.								
	Hou	sehold members under 65 years	s of age	Hous	sehold mem	bers 65 years of age	e or older		
	a1.	Allowance per member		a2.	Allowance	per member			
	b1.	Number of members		b2.	Number of	members			
	c1.	Subtotal		c2.	Subtotal			:	\$
20A	Utiliti	Standards: housing and utilitie es Standards; non-mortgage expe ilable at <u>www.usdoj.gov/ust/</u> or fr	nses for the app	licable	county and	household size. (Th			\$
	Local Standards: housing and utilities; mortgage/rent expense. Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and household size (this information is available at <u>www.usdoj.gov/ust/</u> or from the clerk of the bankruptcy court); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 42; subtract Line b from Line a and enter the result in Line 20B. Do not enter an amount less than zero.								
20B	a.	a. IRS Housing and Utilities Standards; mortgage/rental expense \$							
	b.	Average Monthly Payment for if any, as stated in Line 42	any debts secur	ed by y	your home,	\$			
	c.	Net mortgage/rental expense				Subtract Line b fro	m Line a.		\$
21	Local Standards: housing and utilities; adjustment. If you contend that the process set out in Lines 20A and 20B does not accurately compute the allowance to which you are entitled under the IRS Housing and Utilities Standards, enter any additional amount to which you contend you are entitled, and state the basis for your contention in the space below:							\$	
22.4	Local Standards: transportation; vehicle operation/public transportation expense. You are entitled to an expense allowance in this category regardless of whether you pay the expenses of operating a vehicle and regardless of whether you use public transportation. Check the number of vehicles for which you pay the operating expenses or for which the operating expenses are included as a contribution to your household expenses in Line 8.								
22A	□ 0 □ 1 □ 2 or more. If you checked 0, enter on Line 22A the "Public Transportation" amount from IRS Local Standards: Transportation. If you checked 1 or 2 or more, enter on Line 22A the "Operating Costs" amount from IRS Local Standards: Transportation for the applicable number of vehicles in the applicable Metropolitan Statistical Area or Census Region. (These amounts are available at <u>www.usdoj.gov/ust/</u> or from the clerk of the bankruptcy court.)						\$		
22B	Local Standards: transportation; additional public transportation expense. If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for your public transportation expenses, enter on Line 22B the "Public Transportation" amount from IRS Local Standards: Transportation. (This amount is available at <u>www.usdoj.gov/ust/</u> or from					\$			

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322A (Of	2A (Official Form 22A) (Chapter 7) (12/08) 5						
	Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more that two vehicles.)						
23	□ 1 □ 2 or more. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at <u>www.usdoj.gov/ust/</u> or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 1, as stated in Line 42; subtract Line b from Line a and enter the result in Line 23. Do not enter an amount less than zero.						
	a.	IRS Transportation Standards, Ownership Costs	\$				
	b.	Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 42	\$				
	c.	Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a.	\$			
	checke	Standards: transportation ownership/lease expense; Vehicle 2. d the "2 or more" Box in Line 23. in Line a below, the "Ownership Costs" for "One Car" from the IR					
24	(availa Averag	ble at <u>www.usdoj.gov/ust/</u> or from the clerk of the bankruptcy cour ge Monthly Payments for any debts secured by Vehicle 2, as stated and enter the result in Line 24. Do not enter an amount less than	t); enter in Line b the total of the in Line 42; subtract Line b from				
	a.	IRS Transportation Standards, Ownership Costs	\$				
	b.	Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42	\$				
	c.	Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a.	\$			
25	Other Necessary Expenses: taxes. Enter the total average monthly expense that you actually incur for all federal, state and local taxes, other than real estate and sales taxes, such as income taxes, self-employment taxes, social-security taxes, and Medicare taxes. Do not include real estate or sales taxes.						
26	Other Necessary Expenses: involuntary deductions for employment. Enter the total average monthly payroll deductions that are required for your employment, such as retirement contributions, union dues, and uniform costs. Do not include discretionary amounts, such as voluntary 401(k) contributions.						
27	Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance.						
28	require	Necessary Expenses: court-ordered payments. Enter the total m ad to pay pursuant to the order of a court or administrative agency, s nts. Do not include payments on past due obligations included i	such as spousal or child support	\$			
29	Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.						
30	Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on childcare—such as baby-sitting, day care, nursery and preschool. Do not include other educational payments.						
31	Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 19B. Do not include payments for health insurance or health savings accounts listed in Line 34.						
32	actuall such as	Necessary Expenses: telecommunication services. Enter the total y pay for telecommunication services other than your basic home test pagers, call waiting, caller id, special long distance, or internet ser ealth and welfare or that of your dependents. Do not include any a	elephone and cell phone service— vice—to the extent necessary for	\$			
33	Total]	Expenses Allowed under IRS Standards. Enter the total of Lines	19 through 32.	\$			

Subpart B: Additional Living Expense Deductions Note: Do not include any expenses that you have listed in Lines 19-32					
	Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents.				
34	a.	Health Insurance	\$		
	b.	Disability Insurance	\$		
	с.	Health Savings Account	\$		
		d enter on Line 34 o not actually expend this total amount , state your actual tota low:	l average monthly ex	spenditures in the	\$
35	monthly elderly, c	ed contributions to the care of household or family member expenses that you will continue to pay for the reasonable and n chronically ill, or disabled member of your household or memb o pay for such expenses.	ecessary care and su	pport of an	\$
36	Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.				
37	Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount claimed is reasonable and necessary.				
38	Education expenses for dependent children less than 18. Enter the total average monthly expenses that you actually incur, not to exceed \$137.50 per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. You must provide your case trustee with documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in the IRS Standards.			\$	
39	Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is reasonable and necessary.				\$
40		ed charitable contributions. Enter the amount that you will contain instruments to a charitable organization as defined in 2			\$
41	Total Ac	dditional Expense Deductions under § 707(b). Enter the total	of Lines 34 through	40	\$

Subpart C: Deductions for Debt Payment							
	Future payments on secured claims. For each of your debts that is secured by an interest in property that you own, list the name of the creditor, identify the property securing the debt, state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts scheduled as contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total of the Average Monthly Payments on Line 42.						
42		Name of Creditor	Property Securing the Debt	Average Monthly Payment	Does payment include taxes or insurance?		
	a.			\$	□ yes □ no		
	b.			\$	🗆 yes 🗆 no		
	c.			\$	□ yes □ no		
				Total: Add Lines a, b and c			\$
	Other payments on secured claims. If any of debts listed in Line 42 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 42, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page.						
43		Name of Creditor	Property Securing the Debt	1/60th of th	e Cure Amount		
	a.			\$			
	b.			\$			
	c.			\$			
				Total: Add L	ines a, b and c		\$
44	as prio	ority tax, child support	priority claims. Enter the total amount rt and alimony claims, for which you w rent obligations, such as those set ou	vere liable at the time			\$
		ing chart, multiply th	e expenses. If you are eligible to file a ne amount in line a by the amount in line			tive	
	a.	Projected average	monthly chapter 13 plan payment.		\$		
45	b.	b. Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at <u>www.usdoj.gov/ust/</u> or from the clerk of the bankruptcy court.) x					
	c.	Average monthly a	administrative expense of chapter 13 ca		Total: Multiply Lind a and b	es	\$
46	Total	Deductions for Deb	t Payment. Enter the total of Lines 42	through 45.			\$
			Subpart D: Total Deduction	s from Incom	2		<u></u>
47	Total	of all deductions all	owed under § 707(b)(2). Enter the tota	al of Lines 33, 41,	and 46.		\$

Part VI. DETERMINATION OF § 707(b)(2) PRESUMPTION									
48	Enter the amount from Line 18 (Current monthly income for § 707(b)(2))		\$						
49	Enter the amount from Line 47 (Total of all deductions allowed under § 707)	b)(2))	\$						
50	Monthly disposable income under § 707(b)(2). Subtract Line 49 from Line 48 and enter the result								
51	60-month disposable income under § 707(b)(2). Multiply the amount in Line 50 enter the result.) by the number 60 and	\$						
	Initial presumption determination. Check the applicable box and proceed as directed.								
	The amount on Line 51 is less than \$6,575 Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII. Do not complete the remainder of Part VI.								
52	The amount set forth on Line 51 is more than \$10,950. Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII. Do not complete the remainder of Part VI.								
	The amount on Line 51 is at least \$6,575, but not more than \$10,950. Com through 55).	plete the remainder of Part	VI (Lines 53						
53	Enter the amount of your total non-priority unsecured debt		\$						
54	Threshold debt payment amount. Multiply the amount in Line 53 by the number	er 0.25 and enter the result.	\$						
	Secondary presumption determination. Check the applicable box and proceed	as directed.							
55	The amount on Line 51 is less than the amount on Line 54. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII.								
	☐ The amount on Line 51 is equal to or greater than the amount on Line 54 arises" at the top of page 1 of this statement, and complete the verification in VII.								
	Part VII: ADDITIONAL EXPENSE CLA	IMS							
	Other Expenses. List and describe any monthly expenses, not otherwise stated in and welfare of you and your family and that you contend should be an additional income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate average monthly expense for each item. Total the expenses.	deduction from your current	monthly						
56	Expense Description	Monthly Amount							
	a	\$							
	b. c.	\$ \$							
	Total: Add Lines a, b and c	\$							
		Ψ							
Part VIII: VERIFICATION									
	I declare under penalty of perjury that the information provided in this statement both debtors must sign.)		a joint case,						
57	Date: Signature:	(Debtor)							
		(Debtor) (Joint Debtor, if any)							
		(Joint Debtor, if any)							