Fill in this information to identify your case:	Check one box only as directed in this form and in						
Debter 1	Form 22A-1Supp:						
Debtor 1 First Name Middle Name Last Name	☐ 1. There is no presumption of abuse.						
Debtor 2 (Spouse, if filing) First Name Middle Name Last Name  Last Name  2. The calculation to determine if a presumption							
United States Bankruptcy Court for the:	abuse applies will be made under <i>Chapter 7 Means Test Calculation</i> (Official Form 22A–2).						
Case number	3. The Means Test does not apply now because of qualified military service but it could apply later.						
(If known)							
	☐ Check if this is an amended filing						
OFFICIAL FORM B 22A1							
Chapter 7 Statement of Your Current Mon	thiv income 12/14						
Be as complete and accurate as possible. If two married people are filing together, is needed, attach a separate sheet to this form. Include the line number to which the pages, write your name and case number (if known). If you believe that you are exer primarily consumer debts or because of qualifying military service, complete and fil § 707(b)(2) (Official Form 22A-1Supp) with this form.  Part 1: Calculate Your Current Monthly Income	e additional information applies. On the top of any additional mpted from a presumption of abuse because you do not have						
1. What is your marital and filing status? Check one only.  Not married. Fill out Column A, lines 2-11.							
☐ Married and your spouse is filing with you. Fill out both Columns A and B, line ☐ Married and your spouse is NOT filing with you. You and your spouse are:	55 Z-11.						
	a Columns A and P. lines 2.11						
Living in the same household and are not legally separated. Fill out both Columns A and B, lines 2-11.  Living separately or are legally separated. Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C. § 707(b)(7)(B).							
Fill in the average monthly income that you received from all sources, derived case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-m amount of your monthly income varied during the 6 months, add the income for all 6 include any income amount more than once. For example, if both spouses own the sone column only. If you have nothing to report for any line, write \$0 in the space.	onth period would be March 1 through August 31. If the months and divide the total by 6. Fill in the result. Do not						
	Column A Column B Debtor 1 Debtor 2 or non-filing spouse						
Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).	\$						
Alimony and maintenance payments. Do not include payments from a spouse if  Column B is filled in.  \$							
4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3.  \$							
5. Net income from operating a business, profession, or farm							
Gross receipts (before all deductions) \$							
Ordinary and necessary operating expenses - \$							
Net monthly income from a business, profession, or farm \$ Copy here	<b>⇒</b> \$						
Net income from rental and other real property     Gross receipts (before all deductions)     \$							
Ordinary and necessary operating expenses - \$							
Net monthly income from rental or other real property \$ Copy her	e <b>→</b> \$						
7. Interest, dividends, and royalties	\$						

ebtor 1	First Name Middle Name Last Name	_ Ca	ase number (if know	n)	
			Column A Debtor 1	Column B Debtor 2 or non-filing spouse	
	nployment compensation		\$	\$	
	ot enter the amount if you contend that the amount received was r the Social Security Act. Instead, list it here:				
	r you \$				
Fo	r your spouse\$	<del></del>			
	<b>sion or retirement income.</b> Do not include any amount received fit under the Social Security Act.	d that was a	\$	_ \$	
Do no as a	me from all other sources not listed above. Specify the source of include any benefits received under the Social Security Act or victim of a war crime, a crime against humanity, or international rism. If necessary, list other sources on a separate page and put	payments received or domestic			
10a.			\$	\$	
10b.			\$	\$	
10c.	Total amounts from separate pages, if any.		+\$	+ \$	
	ulate your total current monthly income. Add lines 2 through nn. Then add the total for Column A to the total for Column B.	10 for each	\$	<b>+</b> s	Total current monthly income
Part 2:					
	ulate your current monthly income for the year. Follow these	·		<b>.</b> [	•
12a.			Co	ppy line 11 here → 12a.	\$
	Multiply by 12 (the number of months in a year).			ı	<b>x</b> 12
12b.	The result is your annual income for this part of the form.			12b.	\$
13. <b>Calc</b>	ulate the median family income that applies to you. Follow th	nese steps:			
Fill in	the state in which you live.				
Fill in	the number of people in your household.			,	1
To fir	the median family income for your state and size of household.  In a list of applicable median income amounts, go online using the suctions for this form. This list may also be available at the bankru	he link specified in the		13.	\$
14. <b>How</b>	do the lines compare?				
14a. (	Line 12b is less than or equal to line 13. On the top of page Go to Part 3.	1, check box 1, There	e is no presump	tion of abuse.	
14b. (	Line 12b is more than line 13. On the top of page 1, check be Go to Part 3 and fill out Form 22A–2.	ox 2, The presumptic	on of abuse is d	etermined by Form 22A	2.
Part 3:	Sign Below				
	By signing here, I declare under penalty of perjury that the inf	formation on this state	ement and in ar	y attachments is true ar	nd correct.
	×	×			
	Signature of Debtor 1	– — Signa	Signature of Debtor 2		
	Date	Date	MM / DD / YY	<del>YY</del>	
	If you checked line 14a, do NOT fill out or file Form 22A–2.				
	If you checked line 14b, fill out Form 22A–2 and file it with this	s form.			