

Annual Statement Pursuant to 11 U.S.C. § 521(f) and (g)

This form should be completed by April 15th each year and submitted to:

RICK A. YARNALL
CHAPTER 13 BANKRUPTCY TRUSTEE
701 Bridger Ave., Suite 820
Las Vegas, Nevada 89101
Phone (702) 853-4500 Fax (702) 853-4513

Debtor Name(s): _____ Case No.: _____ Date: _____

A. Does anyone else share responsibility for the support of your dependents?

- ☐ Yes. [On a separate page, identify the individual and their support responsibilities.]
☐ No.

B. Does anyone else contribute financially to your household?

- ☐ Yes. [On a separate page, identify the individual, your relationship with the individual, and describe the amount and type of support provided.]
☐ No.

C. Current monthly income: The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child.

Debtor's Marital Status:	DEPENDENTS OF DEBTOR AND SPOUSE	
	RELATIONSHIP(S):	AGE(S):
Employment	DEBTOR	SPOUSE
Name of Employer(s)		
How long employed Address of Employer		

INCOME: (Estimate of average monthly income at the time this statement is submitted)

	DEBTOR	SPOUSE
1. Monthly gross wages, salary, tips, and commissions (Prorate if not paid monthly)	\$ _____	\$ _____
2. Estimate monthly overtime	\$ _____	\$ _____
3. SUBTOTAL	\$ _____	\$ _____
4. LESS PAYROLL DEDUCTIONS		
a. Payroll taxes and social security	\$ _____	\$ _____
b. Insurance	\$ _____	\$ _____
c. Union dues	\$ _____	\$ _____
d. Other (Specify): _____	\$ _____	\$ _____
5. SUBTOTAL OF PAYROLL DEDUCTIONS	\$ _____	\$ _____
6. TOTAL NET MONTHLY TAKE HOME PAY	\$ _____	\$ _____
7. Regular income from operation of business or profession or farm (Attach detailed statement)	\$ _____	\$ _____
8. Income from real property	\$ _____	\$ _____
9. Interest and dividends	\$ _____	\$ _____
10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above	\$ _____	\$ _____
11. Social security or government assistance (Specify): _____	\$ _____	\$ _____
12. Pension or retirement income	\$ _____	\$ _____
13. Other monthly income (Specify): _____	\$ _____	\$ _____
14. SUBTOTAL OF LINES 7 THROUGH 13	\$ _____	\$ _____
15. AVERAGE MONTHLY INCOME (Add amounts on lines 6 and 14)	\$ _____	\$ _____
16. COMBINED AVERAGE MONTHLY INCOME: (Combine column totals from line 15)	\$ _____	

D. Current Monthly Expenses: Complete this schedule by estimating the average monthly expenses of the debtor and the debtor's family at the time this statement is submitted. Prorate any payments made bi-weekly, quarterly, semi-annually, or annually to show monthly rate.

☐ Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse."

1. Rent or home mortgage payment (include lot rented for mobile home)	\$ _____
a. Are real estate taxes included? Yes _____ No _____	
b. Is property insurance included? Yes _____ No _____	
2. Utilities: a. Electricity and heating fuel	\$ _____
b. Water and sewer	\$ _____
c. Telephone	\$ _____
d. Other	\$ _____
3. Home maintenance (repairs and upkeep)	\$ _____
4. Food	\$ _____
5. Clothing	\$ _____
6. Laundry and dry cleaning	\$ _____
7. Medical and dental expenses	\$ _____
8. Transportation (not including car payments)	\$ _____
9. Recreation, clubs and entertainment, newspapers, magazines, etc.	\$ _____
10. Charitable contributions	\$ _____
11. Insurance (not deducted from wages or included in home mortgage payments)	
a. Homeowner's or renter's	\$ _____
b. Life	\$ _____
c. Health	\$ _____
d. Auto	\$ _____
e. Other: _____	\$ _____
12. Taxes (not deducted from wages or included in home mortgage payments) (Specify) _____	\$ _____
13. Installment payments: (do not list payments to be included in the plan)	
a. Auto	\$ _____
b. Other: _____	\$ _____
c. Other: _____	\$ _____
14. Alimony, maintenance, and support paid to others	\$ _____
15. Payments for support of additional dependents not living at your home	\$ _____
16. Regular expenses from operation of business, profession, or farm (attach detailed statement)	\$ _____
17. Other: _____	\$ _____
18. AVERAGE MONTHLY EXPENSES (Total lines 1-17)	<div style="border: 1px solid black; padding: 2px;">\$ _____</div>

19. Describe any increase or decrease in income and/or expenditures reasonably anticipated to occur within the year following the completion of this document:

20. STATEMENT OF MONTHLY NET INCOME

- a. Average monthly income from section C line 15.
- b. Average monthly expenses from section D line 18.
- c. Monthly net income (a. minus b.)

\$ _____
\$ _____
\$ _____

Declaration Under Penalty of Perjury by Debtor(s)

By signing below, I/we declare under penalty of perjury that the information provided is true and correct to the best of my/our knowledge and belief.

Debtor 1: _____

Date: _____

Debtor 2: _____

Date: _____