Form	B22A( A	Alt.) (Chapter 7) (10/05 <u>)</u>	Check the box as directed in Parts I	111	and VI of this	statement	
In re _		Debtor(s)	Presumption arises		and vi oi tins	statement.	
		Debtor(s)	☐ Presumption does		arise		
Case N	lumber:	(If known)	-				
		MENT OF CURRENT MONTHLY FOR USE IN CHAPTER 7 (IF IR: Schedules I and J, this statement must be com	S SEPARATES ITS HOUSING ALLO	1AW	NCE)		
		debts are primarily consumer debts. Joint del			<i>,</i>		
	T	Part I. EXCLUSION	FOR DISABLED VETERAL	NS			
1	Vetera	are a disabled veteran described in the Vetera n's Declaration, (2) check the "Presumption do ation in Part VIII. Do not complete any of the n	pes not arise" box at the top of this st				
	fined i	teran's Declaration. By checking this box, I on 38 U.S.C. § 3741(1)) whose indebtedness on 10 U.S.C. § 101(d)(1)) or while I was perfor	ccurred primarily during a period in wl	hich I	was on active	duty (as de-	
	Pa	rt II. CALCULATION OF MONTH	ILY INCOME FOR § 707(b	)(7	) EXCLUS	ION	
	Marit	al/ filing status. Check the box that applies a	nd complete the balance of this part o	of this	s statement as	directed.	
		Unmarried. Complete only Column A ("Deb					
2	al in <b>p</b>	b.  Married, not filing jointly, with declaration of separate households. By checking this box, debtor declares under penalty of perjury: "My spouse and I are legally separated under applicable non-bankruptcy law or my spouse and I are living apart other than for the purpose of evading the requirements of § 707(b)(2)(A) of the Bankruptcy Code." Complete only Column A ("Debtor's Income") for Lines 3-11.					
	С	c. Married, not filing jointly, without the declaration of separate households set out in Line 2.b above. Complete both Column A ("Debtor's Income") and Column B (Spouse's Income) for Lines 3-11.					
		Married, filing jointly. Complete both Columrines 3-11.	mn B	("Spouse's I	ncome") for		
	bankrı ferent	ures must reflect average monthly income for tuptcy case, ending on the last day of the mont amounts of income during these six months, ye six months, divide this total by six, and enter	h before the filing. If you received di you must total the amounts received o	f-	Column A Debtor's Income	Column B Spouse's Income	
3	Gross	wages, salary, tips, bonuses, overtime, c	ommissions.		\$	\$	
	Line a	ne from the operation of a business, profe and enter the difference on Line 4. Do not en de any part of the business expenses ente	ter a number less than zero. Do not				
4	a.	Gross receipts	\$				
	b.	Ordinary and necessary business expenses	\$				
	C.	Business income	Subtract Line b from Line a		\$	\$	
	ence d	and other real property income. Subtract lon Line 5. Do not enter a number less than zeng expenses entered on Line bas a deduct	ro. <b>Do not include any part of the</b> o				
5	a.	Gross receipts	\$				
	b.	Ordinary and necessary operating expenses	\$				
	C.	Rental income	Subtract Line b from Line a		\$	\$	
6	C. Interest dividends and southing			\$			
7	Pensi	on and retirement income.			\$	\$	
8		lar contributions to the household expensents, including child or spousal support. [		<b>)</b> -	<u> </u>	Ť	
debtor's spouse if Column B is completed.			<b> </b> \$				

9	<b>Unemployment compensation.</b> Enter the amount in Column A and, i B. However, if you contend that unemployment compensation received spouse was a benefit under the Social Security Act, do not list the amout ion in Column A or B, but instead state the amount in the space below			
	Unemployment compensation claimed to be a benefit under the Social Security Act Debtor \$ Spor	use \$	\$	\$
	Income from all other sources. If necessary, list additional sources <b>Do not include</b> any benefits received under the Social Security Act or a victim of a war crime, crime against humanity, or as a victim of interreterrorism. Specify source and amount.			
	a. b.	\$   \$		
	Total and enter on Line 10	\$	\$	
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, add Line 11, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 11, Column A.			
	Part III. APPLICATION OF § 707(	b)(7) EXCLUSIO	N	
	Annual Control Manthly Language for C 707/h\/7\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			

	Part III. APPLICATION OF § 707(b)(7) EXCLUSION				
13	Annualized Current Monthly Income for § 707(b)(7). Multiply the amount from Line 12 by the number 12 and enter the result.	\$			
14	<b>Applicable median family income.</b> Enter the median family income for the applicable state and household size. (This information is available by family size at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)				
	a. Enter debtor's state of residence: b. Enter debtor's household size:	\$			
	Application 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 "Presumption does not arise" box 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 the amount from Line 12.	\$		
17	Marital adjustment. If you checked the box at Line 2.c, enter the amount of the income listed in Line 11, Column B that was NOT regularly contributed to the household expenses of the debtor or the debtor's dependents. If you did not check box at Line 2.c, enter zero.	\$		
18	Current monthly income for § 707(b)(2). Subtract Line 17 from Line 16 and enter the result.	\$		

	Part V. CALCULATION OF DEDUCTIONS ALLOWED UNDER § 707(b)(2)			
	Subpart A: Deductions under Standards of the Internal Revenue Service (IRS)			
19	National Standards: food, clothing, household supplies, personal care, and miscellaneous. Enter "Total" amount from IRS National Standards for Allowable Living Expenses for the applicable family size and income level. (This information is available at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)	\$		
20	Local Standards: housing and utilities; utilities/ maintenance expense. Enter the amount of the IRS Housing and Utilities Standards; Utilities/Maintenance Expense for the applicable county and family size. (This information is available at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court).	\$		

	Local Standards: housing and utilities; mortgage/ rental expense. Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; Mortgage/Rental Expense for your county and family size (available at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> 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 21. Do not enter an amount less than zero.  (Under revision)				
21	Ì	, 	Φ.		
	b.	IRS Housing and Utilities Standards; Mortgage/Rental Expense  Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42	\$		
	C.	Net mortgage/rental expense	Subtract Line b from Line a.		
	Local You are	Standards: transportation; vehicle operation/ public e entitled to an expense allowance in this category regardless of wng a vehicle and regardless of whether you use public transportat	transportation expense. thether you pay the expenses of		
22	penses	the number of vehicles for which you pay the operating expenses are included as a contribution to your household expenses in Line $\Box$ 1 $\Box$ 2 or more.			
	the ap	he amount from IRS Transportation Standards, Operating Costs & plicable number of vehicles in the applicable Metropolitan Statistica ation is available at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the b	al Area or Census Region. (This	\$	
23	of vehi pense 1 Enter, able at erage	Standards: transportation ownership/lease expense cles for which you claim an ownership/lease expense. (You may not for more than two vehicles.)  2 or more.  in Line a below, the amount of the IRS Transportation Standards, www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); eventhly Payments for any debts secured by Vehicle 1, as stated in and enter the result in Line 23. Do not enter an amount less the state of the sta	Ownership Costs, First Car (avail- enter in Line b the total of the Av- Line 42; subtract Line b from		
	a.	IRS Transportation Standards, Ownership Costs, First Car	\$		
	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.	\$	
24	only if Enter, (availa the Av	Standards: transportation ownership/lease expense you checked the "2 or more" Box in Line 23. in Line a below, the amount of the IRS Transportation Standards, ble at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy couerage Monthly Payments for any debts secured by Vehicle 2, as standard and enter the result in Line 24. Do not enter an amount least IRS Transportation Standards, Ownership Costs, Second Car  Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42  Net ownership/lease expense for Vehicle 2	Ownership Costs, Second Car urt); enter in Line b the total of ated in Line 42; subtract Line b	\$	
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: mandatory payroll deductions. Enter the total average monthly			\$	
27	pay for	Necessary Expenses: life insurance. Enter average mor term life insurance for yourself. Do not include premiums for or whole life or for any other form of insurance.		\$	
28	Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to court order, such as spousal or child support payments. Do not in-			\$	

29	Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total 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.			at is a ed depend-
30	Other Necessary Expenses: childcare. Enter the average monthly amount that you actually expend on childcare. Do not include payments made for children's education.			tually ex-
31	expend	r Necessary Expenses: health care. Ented on health care expenses that are not reimbursed tinclude payments for health insurance liste	d by insurance or paid by a health saving	
32	penses tance,	r Necessary Expenses: telecommunications that you actually pay for cell phones, pagers, callor internet services necessary for the health and any amount previously deducted.	ll waiting, caller identification, special lor	ng dis-
33	Total	Expenses Allowed under IRS Standards	5. Enter the total of Lines 19 through 32	. \$
		Subpart B: Additional Expe Note: Do not include any expense	nse Deductions under § 707( es that you have listed in Lines 1	•
	Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the average monthly amounts that you actually expend in each of the following categories and enter the total.			
	a.	Health Insurance	\$	
34	b.	Disability Insurance	\$	
	C.	Health Savings Account	\$	
			Total: Add Lines a, b, and c	\$
35	Continued contributions to the care of household or family members. Enter the actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses.			ort of an ily who is
36	Protection against family violence. Enter any average monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or			
37	Home energy costs in excess of the allowance specified by the IRS Local Standards.  Enter the average monthly amount by which your home energy costs exceed the allowance in the IRS Local Standards for Housing and Utilities. You must provide your case trustee with documentation demonstrating that the additional amount claimed is reasonable and necessary.			
38	Education expenses for dependent children less than 18. Enter the average monthly expenses that you actually incur, not to exceed \$125 per child, in providing elementary and secondary education for your dependent children less than 18 years of age. You must provide your case trustee with documentation demonstrating that the amount claimed is reasonable and necessary and not already accounted for in the IRS Standards.			dary edu- ustee with nd not
39	Additional food and clothing expense. Enter the average monthly amount by which your food and clothing expenses exceed the combined allowances for food and apparel in the IRS National Standards, not to exceed five percent of those combined allowances. (This information is available at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) You must provide your case trustee with documentation demonstrating that the additional amount claimed is reasonable and necessary.			
40		Continued charitable contributions. Enter the amount that you will continue to contribute in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. § 170(c)(1)-(2).		
	Total Additional 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 creditor, identify the property securing the debt, and state the Average Monthly Payment. The Average Monthly Payment is the total of all amounts 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. Do not include items you have previously deducted, such as insurance and taxes.				
42		Name of Creditor	Property Securing the Debt	60-month Average Payment	
	a.			\$	
	b.			\$	
	C.			\$	
				Total: Add Lines a, b, and c.	\$
	proper clude in (the "c	ty securing the debt n your deductions 1/ ure amount") in orde art and enter the tota	a secured claims. If any of the debts is necessary for your support or the supp 60th of the amount that you must pay the to maintain possession of the property al. If necessary, list additional entries on	port of your dependents, you may in- ne creditor as a result of the default . List any such amounts in the follow- a separate page.	
43		Name of Creditor	Property Securing the Debt in Default	1/60th of the Cure Amount	
	a.			\$	
	b.			\$	
	C.			\$	
				Total: Add Lines a, b, and c	\$
44	Payments on priority claims. Enter the total amount of all priority claims (including priority child support and alimony claims), divided by 60.			\$	
	Chapter 13 administrative expenses. If you are eligible to file a case under Chapter 13, complete the following chart, multiply the amount in Line a by the amount in Line b, and enter the resulting administrative expense.				
	a.	Projected average	monthly Chapter 13 plan payment.	\$	
45	b.				
	C.	Average monthly a	dministrative expense of Chapter 13 case	Total: Multiply Lines a and b	\$
46	Total Deductions for Debt Payment. Enter the total of Lines 42 through 45.				\$
	_	Subp	art D: Total Deductions Allow	ed under § 707(b)(2)	
47	Total	of all deductions	s allowed under § 707(b)(2). Ente	er the total 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	<b>60-month disposable income under § 707(b)(2).</b> Multiply the amount in Line 50 by the number 60 and enter the result.	\$	

	Initial presumption determination. Check the applicable box and proceed as directed.		
52	☐ The amount on Line 51 is less than \$6,000 Check the "Presumption does not arise" box at the top of page 1 of this statement, and complete the verification in Part VIII. Do not complete the remainder of Part VI.		
	☐ The amount set forth on Line 51 is more than \$10,000. Check the "Presumption arises" box at the top of page 1 of this statement, and complete the verification in Part VIII. Do not complete the remainder of Part VI.		
	The amount on Line 51 is at least \$6,000, but not more than \$10,000. Complete the re VI (Lines 53 through 55).	mainder of Part	
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 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 "Presumption does not arise" box 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. Check the "Presumption arises" box at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII.		
Part VII: ADDITIONAL EXPENSE CLAIMS			

Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the health and welfare of you and your family and that you contend should be an additional deduction from your current monthly income under  $\S 707(b)(2)(A)(ii)(I)$ . If necessary, list additional sources on a separate page. All figures should reflect your average monthly expense for each item. Total the expenses.

Expense Description Monthly Amount b. \$ c. \$ \$ Total: Add Lines a, b, and c

56

	Part VIII: VERIFICATION				
	I declare under penalty of perjury that the information provided in this statement is true and correct. (If this a joint case, both debtors must sign.)				
57	Date:	Signature:			
	Date:	Signature:(Joint Debtor, if any)			