B22A (Official Form 22A) (Chapter 7) (01/08)

In re		According to the calculations required by this statement:		
	Debtor(s)			
Case Number:		☐ The presumption arises.☐ The presumption does not arise.		
	(If known)	(Check the box as directed in Parts I, III, and VI of this statement)		

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. Joint debtors may complete one statement only.

	Part I. EXCLUSION FOR DISABLED VETERANS AND NON-CONSUM	IER DEBT	ORS			
	If you are a disabled veteran described in the Veteran's Declaration in this Part I, (1) check the box at the beginning of the Veteran's 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	☐ Veteran's Declaration. 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	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.					
	Part II. CALCULATION OF MONTHLY INCOME FOR § 707(b)(7) I	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 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."					
2	Complete 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 both 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") for					
	Lines 3-11.					
	All figures must reflect average monthly income received from all sources, derived during the six calendar months prior to filing the bankruptcy case, ending on the last day of the month before the filing. If the amount of monthly income varied during the six months, you must divide the six-month total by six, and enter the result on the appropriate line.	Column A Debtor's Income	Column B Spouse's Income			
3	Gross wages, salary, tips, bonuses, overtime, commissions.	\$	\$			

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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 www.usdoj.gov/ust/ 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 box for "The presumption does 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.)

	1							
16	Ente	r the amount from Line 12.						\$
17	Marital adjustment. If you checked the box at Line 2.c, enter on Line 17 the total of any income listed in Line 11, Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. Specify in the lines below the basis for excluding the Column B income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If you did not check box at Line 2.c, enter zero.							
	b.				\$ \$			
	c.				\$			
	Tota	al and enter on Line 17.			-			\$
18	Curr	ent monthly income for § 707(t	b)(2). Subtract	Line 17	from Line 16 and enter	the result		\$
		Subpart A: Deductions u	under Standa	ards o	n Line 19A the "Total" a	nue Ser	vice (IRS)	
19A	Nation	Subpart A: Deductions u	under Standand other items.	ards of Enter its	f the Internal Revenue on Line 19A the "Total" applicable household si	nue Ser	vice (IRS)	\$
19A 19B	Nation is avai Nation of-Poc of-Poc www.t your h housel the num under member of the poc	Subpart A: Deductions unal Standards: food, clothing and Standards for Food, Clothing a	and other items. and Other Items com the clerk of er in Line a1 bele er 65 years of age ears of age or of the bankruptc s of age, and ent older. (The total oly Line a1 by L 1. Multiply Line sult in Line c2.	Enter is s for the fithe bar low the ge, and silder. (Try court. er in Lill numbe ine black ea2 by	f the Internal Revenue of Line 19A the "Total" a applicable household sinkruptcy court.) amount from IRS Nation in Line a2 the IRS Nation in Line a2 the IRS Nation in Line b1 the more b2 the number of menue b2 the number of menue of household members of obtain a total amount in Line b2 to obtain a total	nue Ser amount froze. (This nal Standable at umber of mbers of y must be to cor housel	om IRS information ards for Out- ards for Out- members of your the same as nold members for household	6
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B22A (Official Form 22A) (Chapter 7) (01/08) Local Standards: transportation ownership/lease expense; Vehicle 2. Complete this Line only if you checked the "2 or more" Box in Line 23. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ 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 2, as stated in Line 42; subtract Line b from Line a and enter the result in Line 24. Do not enter an amount less than zero. 24 IRS Transportation Standards, Ownership Costs b. Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42 \$ Net ownership/lease expense for Vehicle 2 Subtract Line b from Line a. c. \$ Other Necessary Expenses: taxes. Enter the total average monthly expense that you actually incur for all 25 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. 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 26 uniform costs. Do not include discretionary amounts, such as voluntary 401(k) contributions. \$ Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for 27 term life insurance for yourself. Do not include premiums for insurance on your dependents, for whole \$ life or for any other form of insurance. Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are 28 required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in Line 44. \$ 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 29 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. 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 30 \$ payments. 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 31 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. Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service— 32 such as pagers, call waiting, caller id, special long distance, or internet service—to the extent necessary for your health and welfare or that of your dependents. **Do not include any amount previously deducted.** \$ \$ 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

B22A (Official Form 22A) (Chapter 7) (01/08) 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. \$ a. Health Insurance 34 \$ b. Disability Insurance \$ Health Savings Account c. Total and enter on Line 34 \$ If you do not actually expend this total amount, state your actual total average monthly expenditures in the space below: \$ Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an 35 elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. \$ **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 36 Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the \$ 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 37 provide your case trustee with documentation of your actual expenses, and you must demonstrate that \$ the additional amount claimed is reasonable and necessary. 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 38 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. \$ 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 39 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. \$ Continued charitable contributions. Enter the amount that you will continue to contribute in the form of 40 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 41 \$

Subpart C: Deductions for Debt Payment

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 by the number 60 and enter the result.					
	Initial presumption determination. Check the applicable box and proceed as dir	ected.				
	☐ 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. Comthrough 55).	plete the remainder of Part V	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	r 0.25 and enter the result.	\$			
	Secondary presumption determination. Check the applicable box and proceed a	as directed.				
55	The amount on Line 51 is less than the amount on Line 54. Check the box to the top of page 1 of this statement, and complete the verification in Part VIII.	for "The presumption does r	ot arise" at			
	☐ 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 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 § 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.					
56	Expense Description	Monthly Amount				
	a.	\$				
	b. c.	\$				
	Total: Add Lines a, b and c	\$				
Part VIII: VERIFICATION						
	I declare under penalty of perjury that the information provided in this statement is true and correct. (If this is a joint case, both debtors must sign.)					
57	Date: Signature:					
		(Debtor)				
	Date: Signature: (Joint Debtor, if any)					
	(JOIII)	. Double, if any j				