In re		According to the calculations required by this statement:
	Debtor(s)	☐ The applicable commitment period is 3 years.
		☐ The applicable commitment period is 5 years.
Case Number: _		☐ Disposable income is determined under § 1325(b)(3).
	(If known)	☐ Disposable income is not determined under § 1325(b)(3).
	` '	(Check the boxes as directed in Lines 17 and 23 of this statement.)

CHAPTER 13 STATEMENT OF CURRENT MONTHLY INCOME AND CALCULATION OF COMMITMENT PERIOD AND DISPOSABLE INCOME

In addition to Schedules I and J, this statement must be completed by every individual chapter 13 debtor, whether or not filing jointly. Joint debtors may complete one statement only.

		Part I. REPO	ORT OF INCOME			
1	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 2-10. b Married. Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 2 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.					
2		wages, salary, tips, bonuses, overtime, commi			\$	\$
3	and en busine	o from Line a ore than one attachment. expenses				
	a. Gross receipts \$					
	b.	Ordinary and necessary business expenses	\$			
	c.	Business income	Subtract Line b from Li	ine a	\$	\$
4	Rent and other real property income. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 4. Do not enter a number less than zero. Do not includ any part of the operating expenses entered on Line b as a deduction in Part IV.					
4	a.	Gross receipts	\$			
	b.	Ordinary and necessary operating expenses	\$			
	c.	Rent and other real property income	Subtract Line b from Li	ne a	\$	\$
5	Intere	st, dividends, and royalties.			\$	\$
6		on and retirement income.			\$	\$
7	Any amounts paid by another person or entity, on a regular basis, for the household expenses of the debtor's dependents, including child support paid for that purpose. Do not include alimony or separate maintenance payments or amounts paid by the debtor's spouse. \$\$\$					
Unemployment compensation. Enter the amount in the appropriate column(s) of Line 8. However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation 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 \$ Spouse \$					\$

	T	Constitution of the second of	1:			
9	maintena separate payments	from all other sources. Specify source and amount. If necessaring a separate page. Total and enter on Line 9. Do not include aliance payments paid by your spouse, but include all other paymaintenance. Do not include any benefits received under the starceived as a victim of a war crime, crime against humanity, or onal or domestic terrorism.				
	a.		\$			
	b.		\$	\$	s	
10	Subtotal through 9	\$	\$			
11	Total. If Column B has been completed, add Line 10, Column A to Line 10, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 10, Column A.					
		Part II. CALCULATION OF § 1325(b)(4) CO	MMITMENT P	PERIOD		
12	Enter th	e amount from Line 11.			\$	
13	Marital adjustment. If you are married, but are not filing jointly with your spouse, AND if you contend that calculation of the commitment period under § 1325(b)(4) does not require inclusion of the income of your spouse, enter on Line 13 the amount of the income listed in Line 10, Column B that was NOT paid on a regular basis for the household expenses of you or your dependents and specify, in the lines below, the basis for excluding this 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 the conditions for entering this adjustment do not apply, enter zero. a. \$ b. \$ c. \$ \$ c. \$					
14	Subtract	Line 13 from Line 12 and enter the result.			\$	
15	Annualized current monthly income for § 1325(b)(4). Multiply the amount from Line 14 by the number 12 and enter the result.				\$	
16	Applicable median family income. Enter the median family income for 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:					
					\$	
17	Application of § 1325(b)(4). Check the applicable box and proceed as directed. The amount on Line 15 is less than the amount on Line 16. Check the box for "The applicable commitments 3 years" at the top of page 1 of this statement and continue with this statement. The amount on Line 15 is not less than the amount on Line 16. Check the box for "The applicable commits 5 years" at the top of page 1 of this statement and continue with this statement.					
	Part II	I. APPLICATION OF § 1325(b)(3) FOR DETERM	MINING DISPO	SABLE INCO	OME	
18	Enter th	e amount from Line 11.			s	

Marital adjustment. If you are married, but are not filing jointly with your spouse, enter on Line 19 the total of any income listed in Line 10, 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 the conditions for entering this adjustment do not apply, enter zero.								
	a.					\$		
	b.					\$		
	C.					\$		¢
20		nd enter on Line 19.)(2) C 1,	. 10	. C T .	10 1	1.	\$
20		nt monthly income for § 1325(t						
21		lized current monthly income ter the result.	for § 1325(b)(3). Mul	tiply the an	nount from Line 20	by the number 12	\$
22	Applic	able median family income. En	ter the amount	from L	ine 16.			\$
	Applic	ation of § 1325(b)(3). Check the	applicable box	and pi	oceed as di	irected.		
23	The amount on Line 21 is more than the amount on Line 22. Check the box for "Disposable income is determined under § 1325(b)(3)" at the top of page 1 of this statement and complete the remaining parts of this statement. The amount on Line 21 is not more than the amount on Line 22. Check the box for "Disposable income is not determined under § 1325(b)(3)" at the top of page 1 of this statement and complete Part VII of this statement. Do not complete Parts IV, V, or VI.						ent. e is not	
		Part IV. CALCU	LATION OF	DEI	OUCTIO	NS FROM INC	COME	
		Subpart A: Deductions u	ınder Standa	ards o	f the Int	ernal Revenue	Service (IRS)	
24A	National Standards: food, apparel and services, housekeeping supplies, personal care, and miscellaneous. Enter in Line 24A the "Total" amount from IRS National Standards for Allowable Living Expenses for the applicable household size. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)						\$	
24B	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 www.usdoj.gov/ust/ 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 16b.) Multiply Line a1 by Line b1 to obtain a total amount for household members 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 24B.							
	Hous	ehold members under 65 years	of age	Hous	ehold men	nbers 65 years of a	ge or older	
	a1.	Allowance per member		a2.	Allowanc	e per member		
	b1.	Number of members		b2.	Number o	of members		
	c1.	Subtotal		c2.	Subtotal			\$
25A	Local Standards: housing and utilities; non-mortgage expenses. Enter the amount of the IRS Housing and Utilities Standards; non-mortgage expenses for the applicable county and household size. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court).					\$		

	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 www.usdoj.gov/ust/ 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 47; subtract Line b from Line a and enter the result in Line 25B. Do not enter an amount less than zero.						
25B	a.	IRS Housing and Utilities Standards; mortgage/rent expense	\$				
	b.	Average Monthly Payment for any debts secured by your home, if any, as stated in Line 47	\$				
	c.	Net mortgage/rental expense	Subtract Line b from Line a.	\$			
26	Local Standards: housing and utilities; adjustment. If you contend that the process set out in Lines 25A and 25B 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:						
27A	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 7. If you checked 0, enter on Line 27A the "Public Transportation" amount from IRS Local Standards: Transportation. If you checked 1 or 2 or more, enter on Line 27A 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 www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)						
27B	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 27B the "Public Transportation" amount from IRS Local Standards: Transportation. (This amount is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)						
28	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 than two vehicles.) I						

Б 22C (O	iliciai Foi	rm 22C) (Cnapter 13) (01/08)		5	
		Standards: transportation ownership/lease expense; Vehicle 2. ed the "2 or more" Box in Line 28.	Complete this Line only if you		
29	(availa Averaș	in Line a below, the "Ownership Costs" for "One Car" from the IR able at www.usdoj.gov/ust/ or from the clerk of the bankruptcy courge Monthly Payments for any debts secured by Vehicle 2, as stated and enter the result in Line 29. Do not enter an amount less than	rt); enter in Line b the total of the in Line 47; 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 47	\$		
	c.	Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a.	\$	
30	federa	Necessary Expenses: taxes. Enter the total average monthly expel, state, and local taxes, other than real estate and sales taxes, such a social-security taxes, and Medicare taxes. Do not include real estate	as income taxes, self-employment	\$	
Other Necessary Expenses: involuntary deductions for employment. Enter the total average monthly deductions that are required for your employment, such as mandatory retirement contributions, union dues, and 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 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 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 49.					
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.					
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.			\$		
36	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 24B. Do not include payments for health insurance or health savings accounts listed in Line 39.			\$	
37	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—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.				
38	Total	Expenses Allowed under IRS Standards. Enter the total of Lines	24 through 37.	\$	
		Subpart B: Additional Living Expen			
		Note: Do not include any expenses that you ha	ve listed in Lines 24-37		

	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			\$		
39	b.	Disability Insurar	nce		\$		
	c.	Health Savings A	ccount		\$		
	Total and	d enter on Line 39					\$
	If you do not actually expend this total amount, state your actual total average monthly expenditures in the space below: \$						
40	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 elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. Do not include payments listed in Line 34.						
41	actually interest to maintain the statety of your family under the family violation and services from						\$
42	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.						\$
43	Education expenses for dependent children under 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.						\$
44	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.						\$
45	Charitable contributions. Enter the amount reasonably necessary for you to expend each month on charitable contributions in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. § 170(c)(1)-(2). Do not include any amount in excess of 15% of your gross monthly income.						\$
46	Total Additional Expense Deductions under § 707(b). Enter the total of Lines 39 through 45.						\$
			Subpart C: Deduction	ns for De	bt 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 47.						
47	a. b. c.	Name of Creditor	Property Securing the I	Debt	Average Monthly Payment \$ Total: Add	Does payment include taxes or insurance? ☐ yes ☐ no ☐ yes ☐ no ☐ yes ☐ no	
					Lines a, b, and c		\$

					,	
48	Other payments on secured claims. If any of debts listed in Line 47 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 47, 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.					
		Name of Creditor	Property Securing the Debt	1/60th of the Cure Amount		
	a.			\$		
	b.			\$		
	c.			\$		
				Total: Add Lines a, b, and c	\$	
49	as pri	ority tax, child support a	iority claims. Enter the total amount, divid and alimony claims, for which you were lia nt obligations, such as those set out in Li	ble at the time of your bankruptcy	\$	
		ter 13 administrative eing administrative exper	expenses. Multiply the amount in Line a by ase.	the amount in Line b, and enter the		
	a. Projected average monthly chapter 13 plan payment. \$					
50	b. Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)					
	c.	Average monthly admi	nistrative expense of chapter 13 case	Total: Multiply Lines a and b	\$	
51	Total	Deductions for Debt P	Payment. Enter the total of Lines 47 throug	h 50.	\$	
			Subpart D: Total Deductions fro	om Income	ļ.	
52	Total	of all deductions from	income. Enter the total of Lines 38, 46, ar	nd 51.	\$	
		Part V. DETERM	IINATION OF DISPOSABLE IN	COME UNDER § 1325(b)(2)		
53	Total	current monthly incor	ne. Enter the amount from Line 20.		\$	
54	disab	ility payments for a depe	conthly average of any child support payme endent child, reported in Part I, that you rec tent reasonably necessary to be expended for	eived in accordance with applicable	\$	
55	wage	s as contributions for qua	tions. Enter the monthly total of (a) all amoralified retirement plans, as specified in § 54 rement plans, as specified in § 362(b)(19).		\$	
56	Total	of all deductions allow	ved under § 707(b)(2). Enter the amount f	From Line 52.	\$	
	V VV				ı	

	Deduction for special circumstances. If there are special circumstances that justify additional expenses for which there is no reasonable alternative, describe the special circumstances and the resulting expenses in lines a-c below. If necessary, list additional entries on a separate page. Total the expenses and enter the total in Line 57. You must provide your case trustee with documentation of these expenses and you must provide a detailed explanation of the special circumstances that make such expenses necessary and reasonable.						
57		Nature of special circumstances	Amount of ex	apense			
	a.		\$				
	b.		\$				
	c.		\$				
			Total: Add L	ines a, b, and c	\$		
58	Total the res	adjustments to determine disposable income. A	add the amounts on Lines 54,	55, 56, and 57 and ente	r \$		
59	Mont	hly Disposable Income Under § 1325(b)(2). Sub	tract Line 58 from Line 53 an	d enter the result.	\$		
	1	Part VI: ADDITION	AL EXPENSE CLAIM	IS	•		
60	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. Expense Description Monthly Amount						
		Total:	Add Lines a, b, and c \$				
		Part VII: V	ERIFICATION				
		are under penalty of perjury that the information problebtors must sign.)	rovided in this statement is tru	ue and correct. (If this i	s a joint case,		
61		Date:	Signature:	Debtor)			
		Date:	Signature:				
			(Joint D	Debtor, if any)			