Form B22A (Chapter 7) (10/05) In re			According to the calculations required by this statement:				
Debtor(s)			☐ The presumption arises.				
Case Number:			\square The presumption does	not arise.			
		(II KIOWI)	(Check the box as directed in Parts I,	III, and VI of th	is statement.)		
ST	ATEN	MENT OF CURRENT MONTHLY FOR USE	INCOME AND MEANS TE	ST CALCU	ILATION		
		Schedule I and J, this statement must be compre primarily consumer debts. Joint debtors ma		or, whether or r	ot filing jointly,		
		Part I. EXCLUSION	FOR DISABLED VETERANS				
1	Vetera	are a disabled veteran described in the Veterar n's Declaration, (2) check the box for "The pre- rification in Part VIII. Do not complete any of t	sumption does not arise" at the top of thi				
ı	fined in	n 38 U.S.C. § 3741(1)) whose indebtedness oc	declare under penalty of perjury that I am a disabled veteran (as decurred primarily during a period in which I was on active duty (as derming a homeland defense activity (as defined in 32 U.S.C. §901(1)).				
	Par	rt II. CALCULATION OF MONTH	LY INCOME FOR § 707(b)(7	7) EXCLUS	ION		
		al/filing status. Check the box that applies ar		s statement as	directed.		
		Jnmarried. Complete only Column A ("Debt	-				
2	al in	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.					
		Married, not filing jointly, without the declaration olumn A ("Debtor's Income") and Column		2.b above. Com	plete both		
		Married, filing jointly. Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 3-11.					
	bankru ferent	ures must reflect average monthly income for t uptcy case, ending on the last day of the month amounts of income during these six months, y e six months, divide this total by six, and enter	n before the filing. If you received dif- you must total the amounts received dur-	Column A Debtor's Income	Column B Spouse's Income		
3	Gross	wages, salary, tips, bonuses, overtime, commi	ssions.	\$	\$		
	enter t	e from the operation of a business, profession the difference on Line 4. Do not enter a number of the business expenses entered on Line b	er less than zero. Do not include any		Ψ		
4	a.	Gross receipts	\$				
	b.	Ordinary and necessary business expenses	\$				
	C.	Business income	Subtract Line b from Line a	\$	\$		
	Line 5	nd other real property income. Subtract Line b. Do not enter a number less than zero. Do no not ses entered on Line b as a deduction in Pa	ot include any part of the operating				
5	a.	Gross receipts	\$				
	b.	Ordinary and necessary operating expenses	\$				
	C.	Rental income	Subtract Line b from Line a	\$	\$		
6	Interes	st, dividends and royalties.		\$	\$		
7		n and retirement income.		\$	\$		
8	includi	ar contributions to the household expenses of t ng child or spousal support. Do not include co n B is completed.					
	Logain	n b is completed.		\$	\$		

9	Unemployment compensation. Enter the amount in Column A and, if applicable, Column B. 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:						
		oyment compensation claimed to nefit under the Social Security Act	Debtor \$	Spou	se \$	\$ \$	
10	Income from all other sources. If necessary, list additional sources on a separate page. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, crime against humanity, or as a victim of international or domestic terrorism. Specify source and amount.						_
10	a.				\$		
	b.				\$		
	Total ar	nd enter on Line 10				\$ \$	
11		al of Current Monthly Income A, and, if Column B is completed, ac				\$ \$	
12	Total Current Monthly Income for § 707(b) (7). If Column B has been completed, add Line 11, Column A to 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) 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	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:	\$
15	 Application of Section 707(b) (7). Check the applicable box and proceed as directed. The amount on Line 13 is less than or equal to the amount on Line 14. Check the box is sumption does not arise" at the top of page 1 of this statement, and complete Part VIII; do not complet or VII. The amount on Line 13 is more than the amount on Line 14. Complete the remaining part ment. 	te Parts IV, V, VI

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 www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)	\$			
20A	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 family size.	\$			

1 (1111		(Chapter 1) (10/05)		<u> </u>	
(This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court).					
200	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 family 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 42; subtract Line b from Line a and enter the result in Line 20B. Do not enter an amount less than zero.				
20B	a.	IRS Housing and Utilities Standards; mortgage/rental expense	\$		
	b.	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.	\$	
21	Local Standards: housing and utilities; adjustment. if you contend that the process set out in Lines 20A and 20B 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:				
	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 transportation.	hether 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 \square 1 \square 2 or more.			
	Enter the amount from IRS Transportation Standards, Operating Costs & Public Transportation Costs for the applicable number of vehicles in the applicable Metropolitan Statistical Area or Census Region. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)				
23	of vehi pense i 1 1 Enter, able at erage i	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); where the result in Line 23. Do not enter an amount less the standards and enter the result in Line 23.	Ownership Costs, First Car (availenter in Line b the total of the Availence 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	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 amount of the IRS Transportation Standards, Ownership Costs, Second Car (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.		Ownership Costs, Second Car urt); enter in Line b the total of ated in Line 42; subtract Line b		
27	a.	IRS Transportation Standards, Ownership Costs, Second Car	\$		
	b.	Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42	\$		
	C.	Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a.	\$	
25	for all f	Necessary Expenses: taxes. Enter the total average month federal, state and local taxes, other than real estate and sales taxent taxes, social security taxes, and Medicare taxes. Do not inclu	es, such as income taxes, self em-		
26	Other Necessary Expenses: mandatory payroll deductions. Enter the total average monthly payroll deductions that are required for your employment, such as mandatory retirement contributions, union dues, and uniform costs. Do not include discretionary amounts, such as non-mandatory 401(k) contributions.				

		A (Chapter 7) (10/05)		1	
27	Other Necessary Expenses: life insurance. Enter 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.				
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 include payments on past due support obligations included in Line 44.				
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.				
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.				
31	expen	r Necessary Expenses: health care. Enter d on health care expenses that are not reimburse of include payments for health insurance lister.	d by insurance or paid by a health savings account.	\$	
32	Other Necessary Expenses: telecommunication services. Enter the average monthly expenses that you actually pay for cell phones, pagers, call waiting, caller identification, special long distance.				
33	Total	Expenses Allowed under IRS Standard	s. Enter the total of Lines 19 through 32.	\$	
	L	•	nse Deductions under § 707(b)	11	
		•	es that you have listed in Lines 19-32		
	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	month elderly		Phold or family members. Enter the actual reasonable and necessary care and support of an ehold or member of your immediate family who is	\$	
36	curred	ection against family violence. Enter any a I to maintain the safety of your family under the F applicable federal law.		\$	
37	Home energy costs in excess of the allowance specified by the IRS Local Standards.				
	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				
38	penses cation docur	s that you actually incur, not to exceed \$125 per for your dependent children less than 18 years o	child, in providing elementary and secondary edufage. You must provide your case trustee with	\$	
38	penses cation docur alread Addit clothir to exc or from	s that you actually incur, not to exceed \$125 per for your dependent children less than 18 years of mentation demonstrating that the amount clady accounted for in the IRS Standards. Lional food and clothing expense. Enter the general expenses exceed the combined allowances for eed five percent of those combined allowances. (**)	child, in providing elementary and secondary edu- f age. You must provide your case trustee with aimed is reasonable and necessary and not ne average monthly amount by which your food and food and apparel in the IRS National Standards, not This information is available at www.usdoj.gov/ust/ provide your case trustee with documentation	\$	
	penses cation docur alread Addit clothir to exc or fror demo	s that you actually incur, not to exceed \$125 per for your dependent children less than 18 years of mentation demonstrating that the amount clady accounted for in the IRS Standards. Itional food and clothing expense. Enter the graph expenses exceed the combined allowances for eed five percent of those combined allowances. (In the clerk of the bankruptcy court.) You must postrating that the additional amount claimed inued charitable contributions. Enter the additional amount claimed inued charitable contributions.	child, in providing elementary and secondary edu- f age. You must provide your case trustee with aimed is reasonable and necessary and not ne average monthly amount by which your food and food and apparel in the IRS National Standards, not This information is available at www.usdoj.gov/ust/ provide your case trustee with documentation		

	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 the 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. Mortgage debts should include payments of taxes and insurance required by the mortgage. If necessary, list additional entries on a separate page.				
42		Name of Creditor	Property Securing the Debt	60-month Average Payment	
	a.			\$	
	b.			\$	
	C.			\$	
				Total: Add Lines a, b and c.	\$
	Past due payments on secured claims. If any of the debts listed in Line 42 are in default, and the property securing the debt is necessary for your support or the support of your dependents, you may include in your deductions 1/60th of the amount that you must pay the creditor as a result of the default (the "cure amount") in order to maintain possession of the property. List any such amounts in the following chart and enter the total. If necessary, list additional entries on 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.	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 administrative expense of Chapter 13 case Total: Multiply Lines a and b		\$		
46	Total	Deductions for I	Debt Payment. Enter the total of Lines	s 42 through 45.	\$
			art D: Total Deductions Allow	_	<u> </u>
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	60-month disposable income under § 707(b)(2). Multiply the amount in Line 50 by the number 60 and enter the result.	\$		

]	Form	B 22A (Chapter 7) (10/05)		(
Ī		Initial presumption determination. Check the applicable box and proceed	d as directed.					
			The amount on Line 51 is less than \$6,000 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 \$10,000. 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 \$6,000, but not more than \$ VI (Lines 53 through 55).	10,000. Complete the real	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 result.	number 0.25 and enter	\$				
ĺ		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 box for "The presumption does not arise" 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 sumption arises" at the top of page 1 of this statement, and complete the verplete Part VII.						
	Part VII: ADDITIONAL EXPENSE CLAIMS							
Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required health and welfare of you and your family and that you contend should be an additional deduction from your curr monthly income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures of flect your average monthly expense for each item. Total the expenses.								
	00	Expense Description	Monthly Amount					

	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:(Debtor)
	Date: Signature: (Joint Debtor, if any)

Total: Add Lines a, b and c

\$

\$