15-BK-J

12/14/2015 06:27 PM



1 attachment

I write to comment on the proposed changes to Bankruptcy Rule 9009 in the Addendum for Chapter 13 of the October 2015 advisory committee notes.

I am both a bankruptcy lawyer and the author of a bankruptcy software package. I applaud the permissible variations from official forms expressed in paragraph (a) of the proposed rule. I would ask for additional clarification in three respects.

First of all, several official forms contain a series of similar questions and an instruction to attach a continuation sheet if the allotted space is insufficient. I believe the Committee's intention is to permit use of forms that continue the series inline rather than using a separate continuation sheet, but I fear that some court clerks will take the narrower view that continuation sheets are required. As an example of something that should be permitted, consider an individual debtor who owns *four* pieces of real property. Rather than attach a separate sheet to describe the fourth piece, it makes better sense to simply add a line 1.4 immediately after line 1.3.

Second, there is little reason for software generated forms to include intermediate calculation detail, such as appears in question 13 of Official Form 122C-2 (and elsewhere in all of the means test forms). Someone who is filling out a paper form may well benefit from graphical directions to lead them through the arithmetic. But a computer has already done the arithmetic and merely needs to put the results down on paper. Thus, a form that omits the graphical instructions (such as the attachment to this e-mail) ought to be acceptable.

Finally, I fear that the omission of an explicit statement that use of Director's forms is optional will lead clerks to assume they are now mandatory. If that's the Committee's intent, well and good. If not, however, I suggest retaining the previous language.

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| Fill in this information to identify your case: | | | | | | |
|---|--|--|--|--|--|--|
| Debtor 1 California Southern Sample | | | | | | |
| Debtor 2 Sarah Sample (Spouse, if filing) | | | | | | |
| United States Bankruptcy Court for the Southern District of California | | | | | | |
| Case number <u>1:15-bk-6703</u> (If known) | | | | | | |
| Debtor 2 <u>Sarah Sample</u> (Spouse, if filing) United States Bankruptcy Court for the <u>Southern District of California</u> Case number 1:15-bk-6703 | | | | | | |

Check as directed in lines 17 and 21:

According to the calculations required by this Statement:

- X 1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).
- 2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).
- \blacksquare 3. The commitment period is 3 years.
- \Box 4. The commitment period is 5 years.

Check if this is an amended filing

Official Form 122C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

12/14

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

| Part ' | Calculate Your Average Monthly Income | | | | | | | | |
|--------------|---|-----------------------|--------|-----------------------------|---|--|--|--|--|
| 1. \ | What is your marital and filing status? Check one only. | | | | | | | | |
| | Not married. Fill out Column A, lines 2-11. | | | | | | | | |
| | Married. Fill out both Columns A and B, lines 2-11. | | | | | | | | |
| | Fill in the average monthly income that you from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space. | | | | | | | | |
| | | | | Column A Debtor 1 | Column B Debtor 2 or non-filing spouse | | | | |
| | Your gross wages, salary, tips, bonuses, overtime, and cor payroll deductions). | mmissions (before all | 2. | \$2,000.00 | \$0.00 | | | | |
| | Alimony and maintenance payments. Do not include paymen Column B is filled in. | nts from a spouse if | 3. | \$0.00 | \$0.00 | | | | |
| | All amounts from any source which are regularly paid for h you or your dependents, including child support. Include re an unmarried partner, members of your household, your depen commates. Include regular contributions from a spouse only if Do not include payments you listed on line 3. | 4. | \$0.00 | \$0.00 | | | | | |
| 5. | Net income from operating a business, profession, or farm | I | | | | | | | |
| | Gross receipts (before all deductions) | \$0.00 | | | | | | | |
| | Ordinary and necessary operating expenses | \$0.00 | | | | | | | |
| I | Net monthly income from a business, profession, or farm | | 5. | \$0.00 | \$0.00 | | | | |
| 6 . I | Net income from rental and other real property | | | | | | | | |
| | Gross receipts (before all deductions) | \$4,562.05 | | | | | | | |
| | Ordinary and necessary operating expenses | \$4,562.05 | | | | | | | |
| ľ | Net monthly income from rental or other real property | | 6. | \$0.00 | \$0.00 | | | | |

Debtor 1 California_Southern Sample

| 7. | Interest, dividends, and royalties | 7. | \$0.00 | \$0.00 |
|-----|--|---|--------|-------------|
| 8. | Unemployment compensation | | | |
| | Do not enter the amount if you contend that the amount received social Security Act. Instead, list it here: | was a benefit under the | | |
| | For you \$0.00 | | | |
| | For your spouse \$0.00 | | | |
| | | | | |
| | | 8. | \$0.00 | \$0.00 |
| 9. | Pension or retirement income. Do not include any amount receil under the Social Security Act. | ved that was a benefit 9. | \$0.00 | \$0.00 |
| 10. | Income from all other sources not listed above. Specify the so include any benefits received under the Social Security Act or pay victim of a war crime, a crime against humanity, or international or | ments received as a | \$0.00 | \$0.00 |
| 11. | Calculate your total current monthly income. Add lines 2 throu Then add the total for Column A to the total for Column B. | gh 10 for each column: <u>\$2,000.00</u> + <u>\$0.00</u> . | 11. | \$2,000.00 |
| Par | 2: Determine How to Measure Your Deductions from I | ncome | | |
| 12. | Copy your total average monthly income from line 11. | | 12. | \$2,000.00 |
| | You are not married. Fill in 0 in line 13d. You are married and your spouse is filing with you. Fill in 0 in You are married and your spouse is not filing with you. Fill in the amount of the income listed in line 11, Column B, the household expenses of you or your dependents, such as pay spouse's support of someone other than you or your dependent. In the following lines, specify the basis for excluding this income ach purpose. If necessary, list additional adjustments on a suff this adjustment does not apply, enter 0 on line 13. a. Total: | hat was NOT regularly paid for the yment of the spouse's tax liability or the ents. | 13. | \$0.00 |
| 14 | Your current monthly income. Subtract line 13 from line 12. | | | - |
| | | | 14. | \$2,000.00 |
| 15. | Calculate your current monthly income for the year. Follow the Copy your total current monthly income from line 14. | ese steps: \$2,000.00 | | |
| | Multiply by 12 (the number of months in a year). | \$24,000.00 | | |
| | The result is your annual income for this part of the form. | | 15. | \$24,000.00 |
| 16. | Calculate the median family income that applies to you. Follow | w these steps: | | ¥— 1,000000 |
| | 16a. Fill in the state in which you live. | California | | |
| | 16b. Fill in the number of people in your household. | 3 | | |
| | 16c. Fill in the median family income for your state and size of household | \$70,732.00 | | |
| | To find a list of applicable median income amounts, go online usir instructions for this form. This list may also be available at the bar | ng the link specified in the separate kruptcy clerk's office. | 16. | \$70,732.00 |

| 17. | How do | the lines compare? | | | | | | |
|-----|---|--|--------------------------------|-------------------------------------|--|--|--|--|
| | 17a. X Line 15 is less than or equal to line 16. On the top of page 1 of this form, check box 1, <i>Disposable income is not determine</i> U.S.C. § 1325(b)(3). Go to Part 3. Do NOT fill out Calculation of Disposable Income (Official Form122C-2). | | | | | | | |
| | 17b. 🗖 | Line 15 is more than line 16. On the top of page 1 of this form, check box 2, <i>Disposable income is determ</i> 1325(b)(3). Go to Part 3 and fill out Calculation of Disposable Income (Official Form 122C-2). On line current monthly income from line 14 above. | ined under 1 9 35 of that f | <i>1 U.S.C.</i> § orm, copy your | | | | |
| Par | t 3: | Calculate Your Commitment Period Under 11 U.S.C. §1325(b)(4) | | | | | | |
| 18. | Сору уо | ur total average monthly income from line 11. | 18. | \$2,000.00 | | | | |
| 19. | 19. Deduct the marital adjustment if it applies. If you are married, your spouse is not filing with you, and you contend that calculating the commitment period under 11 U.S.C. § 1325(b)(4) allows you to deduct part of your spouse's income, copy the amount from line 13. If the marital adjustment does not apply, fill in 0: <u>\$0.00</u> | | | | | | | |
| | Subtract | this amount from line 18. | 19. | \$2,000.00 | | | | |
| 20. | 20. Calculate your current monthly income for the year. Follow these steps: Copy your total current monthly income from line 19. Multiply by 12 (the number of months in a year). The result is your annual income for this part of the form. | | | | | | | |
| 21. | How do | the lines compare? | | | | | | |
| Par | How do the lines compare? Line 20 is less than line 16. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 3, <i>The commitment period is</i> 3 years. Go to Part 4. Line 20 is more than or equal to line 16. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 4, <i>The commitment period is 5 years</i>. Go to Part 4. Sign Below | | | | | | | |
| | | | | | | | | |
| | , , | g here, under penalty of perjury I declare that the information on this statement and in any attachments is t ornia Southern Sample 12/01/20 | | ect. | | | | |
| | Signature of Debtor 1 Date MM/DD/YYYY | | | | | | | |
| | | h Sample 12/01/20 of Debtor 2 Date MM/E | | _ | | | | |
| | If you ch | ecked 17a, do NOT fill out or file Form 122C-2. | | | | | | |
| | If you ch | ecked 17b, fill out Form 122C-2 and file it with this form. On line 35 of that form, copy your current monthly | income from | line 14 above. | | | | |

| Fill in this | Fill in this information to identify your case: | | | | | | | |
|--------------|--|--|--|--|--|--|--|--|
| Debtor 1 | California Southern Sample | | | | | | | |
| Debtor 2 | Sarah Sample | | | | | | | |
| (Spouse, if | 0, | | | | | | | |
| | es Bankruptcy Court for the <u>Southern District of California</u> | | | | | | | |
| | Case number 1:15-bk-6703 (If known) | | | | | | | |
| () | | | | | | | | |

Check if this is an amended filing

Official Form 122C-2 Chapter 13 Calculation of Your Disposable Income

12/14

To fill out this form, you will need your completed copy of Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period (Official Form 122C-1).

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Part 1: Calculate Your Deductions from Your Income

The Internal Revenue Service (IRS) issues National and Local Standards for certain expense amounts. Use these amounts to answer the questions in lines 6-15. To find the IRS standards, go online using the link specified in the separate instructions for this form. This information may also be available at the bankruptcy clerk's office.

Deduct the expense amounts set out in lines 6-15 regardless of your actual expense. In later parts of the form, you will use some of your actual expenses if they are higher than the standards. Do not deduct any amounts that you subtracted from your spouse's income in lines 5 and 6 of Form 122C-1 and do not deduct any operating expenses that you subtracted from income in line 13 of Form 122C-1.

If your expenses differ from month to month, enter the average expense.

Note: Line numbers 1-4 are not used in this form. These numbers apply to information required by a similar form used in chapter 7 cases.

| The number of people used in determining your deductions fro | om income | | | | | |
|---|---|--|---|---|--|--|
| Fill in the number of people who could be claimed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support. This number may be different from the number of people in your household. 5. | | | | | | |
| National Standards You must use the IRS National Standards to a | answer the questions | in lines 6-7. | | | | |
| | | the IRS National | 6. | | | |
| 7. Out-of-pocket health care allowance: Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for out-of-pocket health care. The number of people is split into two categories people who are under 65 and people who are 65 or older, because older people have a higher IRS allowance for health care costs. If your actual expenses are higher than this IRS amount, you may deduct the additional amount on line 22. | | | | | | |
| People who are under 65 years of age | | | | | | |
| 7a. Out-of-pocket health care allowance per person | \$60.00 | | | | | |
| 7b. Number of people who are under 65 | 2 | | | | | |
| 7c. Subtotal. Multiply line 7a by line 7b. | \$120.00 | | | | | |
| People who are 65 years of age or older | | | | | | |
| 7d. Out-of-pocket health care allowance per person | \$144.00 | | | | | |
| 7e. Number of people who are 65 or older | 1 | | | | | |
| 7f. Subtotal. Multiply line 7d by line 7e. | \$144.00 | | | | | |
| | Fill in the number of people who could be claimed as exemptions on number of any additional dependents whom you support. This numpeople in your household. National Standards You must use the IRS National Standards to a Food, clothing, and other items: Using the number of people you Standards, fill in the dollar amount for food, clothing, and other item Out-of-pocket health care allowance: Using the number of people you Standards, fill in the dollar amount for out-of-pocket health care. The categories people who are under 65 and people who are 65 or oll RS allowance for health care costs. If your actual expenses are high the additional amount on line 22. People who are under 65 years of age 7a. Out-of-pocket health care allowance per person 7b. Number of people who are under 65 7c. Subtotal. Multiply line 7a by line 7b. People who are 65 years of age or older 7d. Out-of-pocket health care allowance per person 7e. Number of people who are 65 or older | Fill in the number of people who could be claimed as exemptions on your federal incommnumber of any additional dependents whom you support. This number may be different people in your household. National Standards You must use the IRS National Standards to answer the questions Food, clothing, and other items: Using the number of people you entered in line 5 and Standards, fill in the dollar amount for food, clothing, and other items. Out-of-pocket health care allowance: Using the number of people you entered in line 5 tandards, fill in the dollar amount for out-of-pocket health care. The number of people ic categories people who are under 65 and people who are 65 or older, because older p IRS allowance for health care costs. If your actual expenses are higher than this IRS am the additional amount on line 22. People who are under 65 years of age 7a. Out-of-pocket health care allowance per person 7b. Number of people who are under 65 2 7c. Subtotal. Multiply line 7a by line 7b. \$120.00 People who are 65 years of age or older 7d. Out-of-pocket health care allowance per person 7d. Out-of-pocket health care allowance per person \$144.00 7e. Number of people who are 65 or older 1 | Fill in the number of people who could be claimed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support. This number may be different from the number of people in your household. National Standards You must use the IRS National Standards to answer the questions in lines 6-7. Food, clothing, and other items: Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for food, clothing, and other items. Out-of-pocket health care allowance: Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for out-of-pocket health care. The number of people is split into two categories people who are under 65 and people who are 65 or older, because older people have a higher IRS allowance for health care costs. If your actual expenses are higher than this IRS amount, you may deduct the additional amount on line 22. People who are under 65 years of age 2 7a. Out-of-pocket health care allowance per person \$60.00 7b. Number of people who are under 65 2 7c. Subtotal. Multiply line 7a by line 7b. \$120.00 People who are 65 years of age or older 1 7d. Out-of-pocket health care allowance per person \$144.00 7e. Number of people who are 65 or older 1 | Fill in the number of people who could be claimed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support. This number may be different from the number of people in your household. 5. National Standards You must use the IRS National Standards to answer the questions in lines 6-7. 6. Food, clothing, and other items: Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for food, clothing, and other items. 6. Out-of-pocket health care allowance: Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for out-of-pocket health care. The number of people is split into two categories people who are under 65 and people who are 65 or older, because older people have a higher IRS National amount on line 22. People who are under 65 years of age 7a. Out-of-pocket health care allowance per person \$60.00 7b. Number of people who are under 65 2 7c. Subtotal. Multiply line 7a by line 7b. \$120.00 People who are 65 years of age or older 1 7d. Out-of-pocket health care allowance per person \$144.00 7e. Number of people who are 65 or older 1 7a. Out-of-pocket health care allowance per person \$144.00 | | |

| 000 | | | | | | ease n | | | | |
|-----|--|--|---|----------------------------------|----------------------------|-----------------|-------------------|--|--|--|
| | 7g. | Total. Add lines 7c and 7f. | | | | 7. | | | | |
| | Local Standards You must use the IRS Local Standards to answer the questions in lines 8-15. | | | | | | | | | |
| | Base parts | d on information from the IRS, the U.S. T : | rustee Program has divid | ed the IRS Loc | al Standard for housing fo | r bankruptcy p | ourposes into two | | | |
| | | using and utilities - Insurance and operatir using and utilities - Mortgage or rent expe | | | | | | | | |
| | To a | nswer the questions in lines 8-9, use the l | J.S. Trustee Program cha | art. | | | | | | |
| | | nd the chart, go online using the link spec 's office. | ified in the separate instru | uctions for this f | orm. This chart may also | be available at | t the bankruptcy | | | |
| 8. | Hous 5, fill | sing and utilities - Insurance and operation in the dollar amount listed for your county | ting expenses: Using th ofor insurance and opera | e number of pe ting expenses. | ople you entered in line | 8. | | | | |
| 9. | Hou | sing and utilities - Mortgage or rent exp | enses: | | | | | | | |
| | 9a. | Using the number of people you entered listed for your county for mortgage or ren | | amount | \$2,272.00 | | | | | |
| | 9b. | Total average monthly payment for all my your home. | | | | | | | | |
| | To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60. | | | | | | | | | |
| | | Name of creditor | Average monthly payment | | | | | | | |
| | | Bank of Avarice | \$1,873.71 | | | | | | | |
| | Total average monthly payment. Enter here and on line 33a.\$1,873.71 | | | | | | | | | |
| | 9c. | Net mortgage or rent expense. | | | | | | | | |
| | | ract line 9b <i>(total average monthly payme</i> than \$0, enter \$0. | nt) from line 9a (mortgag | e or rent expen | se). If this amount is | 9. | | | | |
| 10. | lf yo | u claim that the U.S. Trustee Program's | s division of the IRS Lo | cal Standard fo | or housing is incorrect | | | | | |
| | | affects the calculation of your monthly | | | | | | | | |
| | Expl | ain why: | | | | 10. | | | | |
| 11. | Loca | I transportation expenses: Check the n | umber of vehicles for whi | ch you claim ar | n ownership or operating e | expense. | | | | |
| | □ 0. Go to line 14. ☑ 1. Go to line 12. □ 2 or more. Go to line 12. | | | | | | | | | |
| 12. | | cle operation expense: Using the IRS Loperating expenses, fill in the Operating C | | | | 12. | | | | |
| 13. | expe | cle ownership or lease expense: Using nse for each vehicle below. You may not nents on the vehicle. In addition, you may | claim the expense if you | do not make an | y loan or lease | | | | | |

| N | Vehi | icle 1 | 2012 Ford Focu | s Hatchback | | | | |
|---------|---------------|--|--|--|----------------------------------|--|---------------------|-----------------|
| | 13a. | . Ownership or leasing | costs using IRS Lo | ocal Standard | | \$517.00 | | |
| • | 13b. | . Average monthly payn | ment for all debts s | ecured by Vehicle 1. | | | | |
| | | Do not include costs for | or leased vehicles | | | | | |
| | | | ractually due to ea | ent here and on line 13e, ich secured creditor in the e by 60. | | | | |
| | | Name of each credite | or for Vehicle 1 | Average Monthly Payment | | | | |
| | | Furd Motor Credit | | \$49.30 | | | | |
| | | Enter the total here an | nd on line 33b. | | | \$49.30 | | |
| | 13c. | . Net Vehicle 1 ownersh | nip or lease expen | se | | | | |
| | | Subtract line 13b from | line 13a. If this ar | nount is less than \$0, ent | er \$0. | \$467.70 | 10- | \$467.70 |
| 1 | Vahi | icle 2 | N/A | | | | 13c. | φ 407.70 |
| | | | | and Standard | | ¢0.00 | | |
| | | . Ownership or leasing | 0 | | aat isoluda | \$0.00 | | |
| | 13e. | costs for leased vehicl | | ecured by Vehicle 2. Do | not include | | | |
| | | Name of each credite | or for Vehicle 2 | Average Monthly Payment | | | | |
| | | | | Fayment | | | | |
| | | Enter the total here an | d on line 22c | | | \$0.00 | | |
| | 12f | Net Vehicle 2 ownershi | | 0 | | φ0.00 | | |
| | 131. | | | nt is less than \$0, enter \$0 | ۰ ۲ | \$0.00 | | |
| | | Subtract line 15e from | | | J. | φ 0.00 | 13f. | \$0.00 |
| | | | | ed 0 vehicles in line 11, u regardless of whether you | | | 14. | \$0.00 |
| tł | hat y | you may also deduct a | public transportati | f you claimed 1 or more v on expense, you may fill i e IRS Local Standard for | n what you beli | eve is the appropriate | 15. | |
| | | er Necessary Expense gories. | es In addition to the | e expense deductions list | ed above, you a | are allowed your month | ly expenses for the | following IRS |
| ta W | axes withh | s, self-employment taxe neld from your pay for th | es, social security these taxes. However | actually owe for federal, axes, and Medicare taxe ver, if you expect to receiver from the total monthly | s. You may inclove a tax refund, | ude the monthly amoun you must divide the | nt | |
| C | Do n | ot include real estate, s | ales, or use taxes | | | | 16. | |
| | | luntary deductions: T ributions, union dues, a | | ayroll deductions that you | ir job requires, s | such as retirement | | |
| | Do n savir | | t are not required | oy your job, such as volur | ntary 401(k) cor | tributions or payroll | 17. | |
| p p | beop brem | ole are filing together, in | clude payments th | hat you pay for your own hat you make for your spo ts, for a non-filing spouse | use's term life i | nsurance. Do not inclu | | |
| | | rt-ordered payments: inistrative agency, such | | amount that you pay as r d support payments. | equired by the c | order of a court or | | |
| | Do n ine 3 | | n past due obligation | ons for spousal or child su | ıpport. You will | list these obligations in | ı 19. | |

Debtor 1 California_Southern Sample

| 20. | Education: The total monthly am | ount that you pay for | r education that is either required: | | | | | | |
|-----|---|--|---|-----|--|--|--|--|--|
| | • as a condition for your job, o | r | | | | | | | |
| | for your physically or mentally challenged dependent child if no public education is available for similar 20. | | | | | | | | |
| 21. | . Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. | | | | | | | | |
| | preschool. | | | | | | | | |
| | | • | • | 21. | | | | | |
| 22. | care that is required for the health insurance or paid by a health savi | and welfare of you ings account. Include | nce costs: The monthly amount that you pay for health or your dependents and that is not reimbursed by e only the amount that is more than the total entered in is accounts should be listed only in line 25. | 22. | | | | | |
| 23. | as pagers, call waiting, caller iden cell phone service, to the extent n production of income, if it is not re | tification, special lor ecessary for your he imbursed by your er | | | | | | | |
| | | | ternet and cell phone service. Do not include n line 5 of Official Form 122C-1, or any amount you | 23. | | | | | |
| 24. | Add all of the expenses allowed | d under the IRS exp | ense allowances. | | | | | | |
| | Add lines 6 through 23. | | | 24. | | | | | |
| | Additional Expense Deductions Note: Do not include any expense | | al deductions allowed by the Means Test. I lines 6-24. | | | | | | |
| 25. | | nce, and health savi | savings account expenses. The monthly expenses for ngs accounts that are reasonably necessary for | | | | | | |
| | Health Insurance | | | | | | | | |
| | Disability Insurance | | | | | | | | |
| | Health Savings Account | | | | | | | | |
| | Total | \$400.00 | | 25. | | | | | |
| | Do you actually spend the total | amount shown on | the previous line? | 20. | | | | | |
| | ☐ No. How much do you actu | | | | | | | | |
| | Yes | ματής spend - <u>φ+υυ.</u> | | | | | | | |
| 26 | | care of household | or family members. The actual monthly expenses that | | | | | | |
| 20. | you will continue to pay for the rea | asonable and neces | ar immediate family who is unable to pay for such | 26. | | | | | |
| 27. | | | necessary monthly expenses that you incur to maintain lence Prevention and Services Act or other federal laws | | | | | | |
| | By law, the court must keep the n | ature of these exper | nses confidential. | 27. | | | | | |
| 28. | Additional home energy costs. utilities allowance on line 8. | Your home energy o | costs are included in your non-mortgage housing and | | | | | | |
| | If you believe that you have home energy costs that are more than the home energy costs included in the non-mortgage housing and utilities allowance, then fill in the excess amount of home energy costs. | | | | | | | | |
| | | | ur actual expenses, and you must show that the ry. | 28. | | | | | |
| 29. | additional amount claimed is reasonable and necessary. 28. Education expenses for dependent children who are younger than 18. The monthly expenses (not more than \$156.25* per child) that you pay for your dependent children who are younger than 18 years old to attend a private or public elementary or secondary school. | | | | | | | | |
| | than \$156.25* per child) that you | pay for your depend | ent children who are younger than 18 years old to attend | | | | | | |
| | than \$156.25* per child) that you a private or public elementary or s You must give your case trustee of | pay for your depend secondary school. documentation of you | ent children who are younger than 18 years old to attend ur actual expenses, and you must explain why the already accounted for in lines 6-23. | | | | | | |

Official Form 122C-2

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| 30. | Additional food and clothing expense. The monthly amount by which your actual food and clothing expenses are higher than the combined food and clothing allowances in the IRS National Standards. That amount cannot be more than 5% of the food and clothing allowances in the IRS National Standards. To find a chart showing the maximum additional allowance, go online using the link specified in the separate | | | | | | | | |
|-----|---|---|---|----------------------------------|----------------------------|-----------|--|--|--|
| | instructions for this form. This chart may also be available at the bankruptcy clerk's office. | | | | | | | | |
| | You mus | t show that the additiona | al amount claimed is reasonable a | and necessary. | | 30. | | | |
| 31. | | | tions. The amount that you will on sor charitable organization. 26 L | | | or 31. | | | |
| 32. | Add all o | of the additional expen | se deductions. | | | | | | |
| | Add lines | 25 through 31. | | | | 32. | | | |
| | Deductio | ons for Debt Payment | | | | | | | |
| 33. | | | an interest in property that you fill in the following information | | me mortgages, vehi | cle | | | |
| | | | onthly payment, add all amounts to u file for bankruptcy. Then divide | | / due to each secured | Ŀ | | | |
| | | | | | Average monthly payment | | | | |
| | | Mortgages on your h | ome | | montally paymont | | | | |
| | 33a. | Copy line 9b here | | | \$1,873.71 | | | | |
| | | Loans on your first t | wo vehicles | | | | | | |
| | 33b. | Copy line 13b here | | | \$49.30 | | | | |
| | 33c. | Copy line 13e here | | | \$0.00 | | | | |
| | | Name of each credito | | Does payment include taxes or | | | | | |
| | | for other secured del | ot secures the debt | insurance? | | | | | |
| | 33d. | | | | | | | | |
| | Total ave | rage monthly payment. | Add lines 33a through 33d. | | | 33. | | | |
| 34. | property | necessary for your su Go to line 35. | n line 33 secured by your prima port or the support of your do you must pay to a creditor, in add | ependents? | | | | | |
| | | | operty (called the <i>cure amount</i>). | | | | | | |
| | Nar | ne of the creditor | Identify property that secures the debt | Total cure amount | | | | | |
| | Bank o | f Avarice | Home | \$10,737.00 | | | | | |
| | Total | | | \$10,737.00 | | | | | |
| | Divide th | e total by 60 and enter t | ne result here. | | | 34. | | | |
| 35. | | | such as a priority tax, child | | y that are past du | e | | | |
| | | U | hkruptcy case? 11 U.S.C. § 507 | | | | | | |
| | _ | Go to line 36. | of all of these priority claims. Do | not include current o | or opagina priority | | | | |
| | clair | ms, such as those you li | sted in line 19. | | Sugaring priority | | | | |
| | | | priority claims <u>\$4,188.00</u> ÷ 60 = | | | 35. | | | |
| 36. | Projected monthly Chapter 13 plan payment. Fill in the following information. | | | | | | | | |

| | Projected monthly plan payment | \$ | 60.55 | | | |
|------|--|------------------------------------|-------------------------------|------------------|-------------------|-----------------|
| | Current multiplier for your district as stated on the list issued by the Administrative Office of the United States Courts (for districts in Alaba North Carolina) or by the Executive Office for United States Trustees (districts). | 5 | .75% | | | |
| | To find a list of district multipliers that includes your district, go online u link specified in the separate instructions for this form. This list may also available at the bankruptcy clerk's office. | | | | | |
| | Average monthly administrative expense | | | | 36. | |
| 37. | Add all of the deductions for debt payment. | | | | | |
| | Add lines 33 through 36. | | | | 37. | |
| | Total Deductions from Income | | | | | |
| 38. | Add all of the allowed deductions. | | | | | |
| | Copy line 24, All of the expenses allowed under IRS expense allowances | \$4,870 |).18 | | | |
| | Copy line 32, All of the additional expense deductions | \$500 | 0.00 | | | |
| | Copy line 37, All of the deductions for debt payment | \$2,175 | 5.24 | | | |
| | Total deductions | | | | | ¢7 646 40 |
| Devi | | 205(1-)(0) | | | 38. | \$7,545.42 |
| Part | · · · | | 12 Stateman | t of Vour | | |
| 39. | Copy your total current monthly income from line 14 of Form 1220 Current Monthly Income and Calculation of Commitment Period. | C-1, Chapter | 13 Statemen | t or rour | 39. | |
| 40. | Fill in any reasonably necessary income you receive for support for children. The monthly average of any child support payments, foster of disability payments for a dependent child, reported in Part I of Form 22 received in accordance with applicable nonbankruptcy law to the exten necessary to be expended for such child. | care payments 2C-1, that you | | 40. | | |
| 41. | Fill in all qualified retirement deductions. The monthly total of all an employer withheld from wages as contributions for qualified retirement in 11 U.S.C. § 541(b)(7) plus all required repayments of loans from retispecified in 11 U.S.C. § 362(b)(19). | plans, as spe | cified | 41. | | |
| 42. | Total of all deductions allowed under 11 U.S.C. § 707(b)(2)(A). Con | py line 38 here | 9. | 42. | | |
| 43. | Deduction for special circumstances. If special circumstances justify reasonable alternative, describe the special circumstances and their extrustee a detailed explanation of the special circumstances and docum | xpenses. You | must give yo | |) | |
| | Describe the special circumstances | Amount o expense | | | | |
| | (None) | | | | | |
| | Total: | \$ | 0.00 | | | |
| | | | | 43. | | |
| 44. | Total adjustments. Add lines 40 through 43. | | 44. | | | |
| 45. | 15. Calculate your monthly disposable income under § 1325(b)(2). Subtract line 44 from line 39. 45. | | | | | |
| Part | | | | | | |
| 46. | | | | | | |
| | change after the date you filed your bankruptcy petition and during the the wages reported increased after you filed your petition, check 122C wages increased, fill in when the increase occurred, and fill in the amo | time your cas -1 in the first c | e will be ope olumn, enter | n, fill in the i | nformation below. | For example, if |

Debtor 1 California_Southern Sample

| | Form | Line | Reason for change | Date of change | Increase or decrease? | Amount of change | | | | |
|------|---|------------------|---|-----------------------|--------------------------|--------------------|--|--|--|--|
| | □ 122C-1 □ 122C-2 | | | | □ Increase □ Decrease | | | | | |
| Part | art 4: Sign Below | | | | | | | | | |
| | By signing here ung | der penalty of p | erjury you declare that the information o | on this statement and | in any attachments is | s true and correct | | | | |
| | /s/ California_So Signature of Debtor | outhern Sam | <u>12/01/20</u> Date MM/D | 15 | | | | | | |
| | /s/ Sarah Sample Signature of Debtor 2 | | | | | 15 D/YYYY | | | | |