Fill in this in	Fill in this information to identify your case:					
Debtor 1	First Name	Middle Name	Last Name			
Debtor 2	First Name	Middle Name	Last Name			
(Spouse, if filing)	First Name	Middle Name	Last Name			
United States E	_ District of					
Case number (If known)						

Check if this is an amended filing

Official Form B 22C2

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 22C–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	
a	he Internal Revenue Service (IRS) issues National and Local Standards for certain expense amounts. Use these amounts to nswer the questions in lines 6-15. To find the IRS standards, go online using the link specified in the separate instructions for nis form. This information may also be available at the bankruptcy clerk's office.	
of in	educt the expense amounts set out in lines 6-15 regardless of your actual expense. In later parts of the form, you will use some your actual expenses if they are higher than the standards. Do not include any operating expenses that you subtracted from come in lines 5 and 6 of Form 22C–1, and do not deduct any amounts that you subtracted from your spouse's income in line 13 Form 22C–1.	
lf	your expenses differ from month to month, enter the average expense.	
No	ote: 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.	
5.	The number of people used in determining your deductions from 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.	
N	Jational 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.	
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.	

		First Name	Middle Name	Last Name					
	Pec	ople who are	under 65 years	of age					
	70	Out of pooks	t hoalth caro allo	owance per persor	\$				
			eople who are ur		×	-			
						Copy line	•		
	7c.	Subtotal. Mu	ltiply line 7a by li	ne /b.	\$	7c here	\$		
	Pe	eople who are	e 65 years of ag	e or older					
	7d.	Out-of-pocke	et health care allo	owance per persor	ו \$				
	7e.	Number of p	eople who are 65	5 or older	x				
	7f.	Subtotal. Mu	ltiply line 7d by li	ne 7e.	\$	Copy line 7f here	+ \$		
7g.	Tot	tal. Add lines	7c and 7f				\$	Copy total here ➔7g.	\$
_ocal Stand	ards	You mi	ust use the IRS L	ocal Standards to	answer the questior	ns in lines 8-15	5.		
		information to arts:	from the IRS, th	e U.S. Trustee Pr	ogram has divided	the IRS Loca	I Standard for hou	sing for bankruptc	y purposes
	-		s – Insurance a	nd operating exp	enses				
∎ Ho	usin	ig and utilitie	s – Mortgage or	r rent expenses					
					tee Program chart. s chart may also be				
•					enses: Using the nu				
					nd operating expense		e you entered in init	5, m m	\$
Но	usin	ig and utilitie	s – Mortgage or	r rent expenses:					
	9a.			ou entered in line gage or rent expe	5, fill in the dollar am nses.	ount	\$		
	9b.	Total average your home.	e monthly payme	nt for all mortgage	es and other debts se	ecured by			
		contractually		ured creditor in the	t, add all amounts tha e 60 months after yo				
	I	Name of the cro	editor		Average monthly payment				
					\$				
				······	\$ \$				
					•				
				. [•	Copy line		Repeat this amount	
	9b.	Total average	monthly paymer	nt	\$	9b here 🗲	— \$	on line 33a.	
9c.	Net	mortgage or i	rent expense.					_	
				o <i>nthly payment</i>) fro nan \$0, enter \$0.	om line 9a (<i>mortgage</i>	e or rent	\$	Copy 9c here 🗲	\$
					of the IRS Local S additional amount		ousing is incorrec	t and affects	\$
	Ex	plain why:							

Last Name

nicle owners nicle below. Y	the Operating C	<i>pense:</i> Using the tagging tagging the tagging tag	for your Census region he IRS Local Standard if you do not make any	n or metropolitan s, calculate the r	statistical are	you claim the operating ea. o or lease expense for each le vehicle. In addition, you	\$
Vehicle 1	Describe Vehicle 1:						
13a. Owners	ship or leasing c	osts using IRS	Local Standard	13a.	\$		
Do not	include costs fo	r leased vehicle					
add all	amounts that an r in the 60 montl	e contractually	ment here and on line due to each secured for bankruptcy. Then	13e,			
Name of e	ach creditor for \	/ehicle 1	Average monthly payment				
Name of e	each creditor for N	/ehicle 1		Copy13b here➔	— \$	Repeat this amount on line 33b.	
13c. Net Vel	hicle 1 ownershi ot line 13b from I Describe	p or lease expe	payment	here→	\$ \$		\$
13c. Net Vel Subtrac	hicle 1 ownershi ct line 13b from l	p or lease expe	payment	here→	\$ \$	Copy net Vehicle 1	\$
13c. Net Vel Subtrac	hicle 1 ownershi ot line 13b from I Describe	p or lease expe line 13a. If this	payment _ \$ ense number is less than \$0	here→	\$ \$ \$	Copy net Vehicle 1	\$
13c. Net Vel Subtrac Vehicle 2 13d. Owners 13e. Average	hicle 1 ownershi ct line 13b from I Describe Vehicle 2: ship or leasing c	p or lease expe ine 13a. If this osts using IRS ent for all debts	payment _ \$ ense number is less than \$0 Local Standard s secured by Vehicle 2.	here→ 0, enter \$0. 13c. 13d.	\$ \$ \$	Copy net Vehicle 1	\$
13c. Net Vel Subtrac Vehicle 2 13d. Owners 13e. Average Do not	hicle 1 ownershi ct line 13b from I Describe Vehicle 2: ship or leasing c e monthly paym	p or lease expe line 13a. If this 	payment _ \$ ense number is less than \$0 Local Standard s secured by Vehicle 2.	here→ 0, enter \$0. 13c. 13d.	\$ \$ \$	Copy net Vehicle 1	\$
13c. Net Vel Subtrac Vehicle 2 13d. Owners 13e. Average Do not	hicle 1 ownershi ct line 13b from I Describe Vehicle 2: ship or leasing c e monthly paym include costs fo	p or lease expe line 13a. If this 	payment _ \$	here→ 0, enter \$0. 13c. 13d.	\$ \$ \$	Copy net Vehicle 1	\$

	addition to the expense deductions listed above, you are allowed your monthly expenses for the llowing IRS categories.						
employment taxes, social s your pay for these taxes. H	amount that you actually pay for federal, state and local taxes, such as income taxes, self- security taxes, and Medicare taxes. You may include the monthly amount withheld from lowever, if you expect to receive a tax refund, you must divide the expected refund by 12 from the total monthly amount that is withheld to pay for taxes.	\$					
Do not include real estate,	sales, or use taxes.						
7. Involuntary deductions: union dues, and uniform co	The total monthly payroll deductions that your job requires, such as retirement contributions, osts.						
Do not include amounts the	at are not required by your job, such as voluntary 401(k) contributions or payroll savings.	\$					
together, include payments	monthly premiums that you pay for your own term life insurance. If two married people are filing s that you make for your spouse's term life insurance. for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life						
insurance other than term.		\$					
 Court-ordered payments: The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments. 							
Do not include payments o	on past due obligations for spousal or child support. You will list these obligations in line 35.						
0. Education: The total mont	thly amount that you pay for education that is either required:						
as a condition for your jo	ob, or entally challenged dependent child if no public education is available for similar services.	\$					
	hly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. or any elementary or secondary school education.	\$					
22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. Payments for health insurance or health savings accounts should be listed only in line 25.							
you and your dependents, service, to the extent nece is not reimbursed by your of Do not include payments for	telephone services: The total monthly amount that you pay for telecommunication services for such as pagers, call waiting, caller identification, special long distance, or business cell phone essary for your health and welfare or that of your dependents or for the production of income, if it employer. For basic home telephone, internet or cell phone service. Do not include self-employment reported on line 5 of Form 22C-1, or any amount you previously deducted.	+ \$					
	allowed under the IRS expense allowances.	\$					
Additional Expense Deductions	These are additional deductions allowed by the Means Test. <i>Note</i> : Do not include any expense allowances listed in lines 6-24.						
	lity insurance, and health savings account expenses. The monthly expenses for health ince, and health savings accounts that are reasonably necessary for yourself, your spouse, or your						
Health insurance	\$						
Disability insurance	\$						
Health savings accoun	nt + \$						
Total	\$ Copy total here ➔	. \$					
Do you actually spend		*					
_ , , ,							
No. How much do youYes	actually spend? \$						
continue to pay for the reas	s to the care of household or family members. The actual monthly expenses that you will sonable and necessary care and support of an elderly, chronically ill, or disabled member of your our immediate family who is unable to pay for such expenses.	\$					
	/ violence. The reasonably necessary monthly expenses that you incur to maintain the safety of the Family Violence Prevention and Services Act or other federal laws that apply.	\$					
By law, the court must kee	p the nature of these expenses confidential.	-					

Debtor	1
--------	---

28.	Additional home energy costs. Your h on line 8.	ome energy costs are included in ye	our non-mortgage	housing and utilities	allowance				
	If you believe that you have home energ housing and utilities allowance, then fill i			cluded in the non-mo	rtgage	\$			
	You must give your case trustee docume claimed is reasonable and necessary.	entation of your actual expenses, ar	nd you must show	that the additional a	mount				
29.	Education expenses for dependent ch per child) that you pay for your dependent elementary or secondary school.					\$			
	You must give your case trustee documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in lines 6-23.								
	* Subject to adjustment on 4/01/16, and every 3 years after that for cases begun on or after the date of adjustment.								
30.	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 ac instructions for this form. This chart may			in the separate					
	You must show that the additional amou	nt claimed is reasonable and neces	sary.						
31.	Continuing charitable contributions. T instruments to a religious or charitable o			form of cash or finan	cial	+			
	Do not include any amount more than 15	5% of your gross monthly income.							
32.	Add all of the additional expense ded Add lines 25 through 31.	uctions.				\$			
De	ductions for Debt Payment								
33.	For debts that are secured by an inte vehicle loans, and other secured debt		luding home mo	ortgages,					
	To calculate the total average monthly p			each					
	secured creditor in the 60 months after y	ou file for bankruptcy. Then divide i	by 60.						
				Average monthly payment					
	Mortgages on your home		_						
	33a. Copy line 9b here		→	\$					
	Loans on your first two vehicles								
	33b. Copy line 13b here		→	\$					
	33c. Copy line 13e here		→	\$					
	Name of each creditor for other secured debt	Identify property that secures the debt	Does payment include taxes or insurance?						
			No	\$					
	33d		□Yes □No						
	33e		□No □Yes	\$					
	22f		No	+ \$					
	33f		L Yes		Copy total	•			
	33g. Total average monthly payment	. Add lines 33a through 33f		\$	here	\$			

your support or the support of your dependents? Vers State any amount that you must pay to a creditor, in addition to the payments listed in line 33, to keep possession of your property called the care amount, Next, divide by 60 and fill in the information below. Name of the creditor leaders in a creditor in addition to the payments listed in line 33, to keep possession of your property called the care amount, Next, divide by 60 and fill in the information below. Name of the creditor leaders in addition to the payments listed in line 33, to keep possession of your property called the care amount, Next, divide by 60 and fill in the information below. Name of the creditor leaders in the deater in the deater in the deater in the second to the deater in the creditor leaders in a care in the deater in the second for the deater in	34. Are any de	bts that you listed in line	33 secured by your prima	ary residence, a	vehicle, or o	ther property necess	ary for	
□ Yes. State any amount that you must pay to a creditor, in addition to the payments listed in line 33, to keep possession of your property (called the cure amount). Next, divide by 60 and fill in the information below. Name of the creditor Identify property that Total cure amount	your supp	or or the support of your	dependents :					
your property (called the <i>cure amount</i>). Next, divide by 60 and fill in the information below. Name of the creditor Identify property that Total cure Monthly cure amount			ist pourte a craditor, is add	ition to the navm	anta liatad in l	ing 22 to keep pages	nion of	
secures the debt amount								
S	N	lame of the creditor				Monthly cure amount		
S	-			\$	_ ÷60 =	\$		
Total \$	-			\$	_ ÷60 =	\$		
Total \$	_			\$	_ ÷ 60 = ·	+ \$		
 35. Do you owe any priority claims—such as a priority tax, child support, or alimony—that are past due as of the filing date of your bankruptcy case? 11 U.S.C. § 607. No. Go to line 36. Yes. Fill in the total amount of all of these priority claims. Do not include current or ongoing priority claims, such as those you listed in line 19. Total amount of all past-due priority claims. Do not include current or ongoing priority claims, such as those you listed in line 19. Total amount of all past-due priority claims					Total	\$	total	\$
filing date of your bankruptcy case? 11 U.S.C. § 507. No. Go to line 36. Yes. Fill in the total amount of all of these priority claims. Do not include current or ongoing priority claims, such as those you listed in line 19. Total amount of all past-due priority claims. Second the united States Courts (for district as stated on the list issued by the Administrative Office of the United States Courts (for districts in Alabama and North Carolina) or by the Executive Office for United States Trustees (for all other district). To find a list of district michuldes your district, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. Average monthly administrative expense 37. Add all of the deductions for debt payment. Add lines 33g through 36. Second the allowed deductions. Copy line 32, All of the additional expense deductions. Copy line 32, All of the additional expense deductions. Copy line 32, All of the additional expense deductions. Total deductions Second					I		here 🔽	
36. Projected monthly Chapter 13 plan payment \$	filing date No. Go Yes. Fil	of your bankruptcy case? to to line 36. Il in the total amount of all o	9 11 U.S.C. § 507. f these priority claims. Do r		-	re past due as of the		
Current multiplier for your district as stated on the list issued by the Administrative Office of the United States Courts (for districts in Alabama and North Carolina) or by the Executive Office for United States Trustees (for all other districts). To find a list of district multipliers that includes your district, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. Average monthly administrative expense 37. Add all of the deductions for debt payment. Add lines 33g through 36. Total Deductions from Income 38. Add all of the allowed deductions. Copy line 24, All of the expenses allowed under IRS expense allowances		-	-			\$	÷ 60	\$
of the United States Courts (for districts in Alabama and North Carolina) or by the Executive Office for United States Trustees (for all other districts). To find a list of district multipliers that includes your district, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. Average monthly administrative expense 37. Add all of the deductions for debt payment. Add lines 33g through 36. Total Deductions from Income 38. Add all of the allowed deductions. Copy line 32, All of the additional expense deductions. Copy line 37, All of the additional expense deductions. Copy line 37, All of the deductions for debt payment.	36. Projected r	monthly Chapter 13 plan	payment			\$		
To find a list of district multipliers that includes your district, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. Average monthly administrative expense 37. Add all of the deductions for debt payment. Add lines 33g through 36. Total Deductions from Income 38. Add all of the allowed deductions. Copy line 24, All of the expenses allowed under IRS expense allowances	of the Unite	d States Courts (for districts	s in Alabama and North Ca	rolina) or by the	Office			
Average monthly administrative expense 37. Add all of the deductions for debt payment. Add lines 33g through 36. S	To find a list in the separ	t of district multipliers that ir rate instructions for this forn	ncludes your district, go onl	ine using the link	specified	x		
37. Add all of the deductions for debt payment. Add lines 33g through 36. \$						\$	total	\$
Total Deductions from Income 38. Add all of the allowed deductions. Copy line 24, All of the expenses allowed under IRS expense allowances Copy line 32, All of the additional expense deductions Copy line 37, All of the deductions for debt payment Total deductions \$	Average mo	onthly administrative expension	Se		I		here 🗲	
 38. Add all of the allowed deductions. Copy line 24, All of the expenses allowed under IRS expense allowances	37. Add all of t	he deductions for debt pa	yment. Add lines 33g thro	ugh 36.				\$
 38. Add all of the allowed deductions. Copy line 24, All of the expenses allowed under IRS expense allowances								
Copy line 24, All of the expenses allowed under IRS expense allowances \$								
Copy line 32, All of the additional expense deductions \$	38. Add all of t	he allowed deductions.						
Copy line 37, All of the deductions for debt payment	Copy line 24	4, All of the expenses allow	ed under IRS expense allo	wances		\$		
Total deductions Copy total \$	Copy line 32	2, All of the additional expe	nse deductions			\$		
Total deductions \$ total \$	Copy line 37	7, All of the deductions for c	lebt payment			+ \$		
	Total deduc	tions				\$	total	\$

Deb	otor 1						Case nu	umber (if known)			
_		First Name	N	liddle Name	Last Name						
Par	t 2: De	termin	e You	r Disposable	e Income Under 11 U	.S.C. § 1325(b)(2))				
39.					ome from line 14 of Forn ncome and Calculation						. \$
40.	Fill in any The monthe payments	y reaso hly aver for a de ce with a	n ably n age of a epender applicab	ecessary inco any child suppo nt child, reporte	ome you receive for sup ort payments, foster care ed in Part I of Form 22C-1 otcy law to the extent reas	port for dependent payments, or disabili 1, that you received ir	children. ty	\$. ,
41.	employer in 11 U.S.	withheld .C. § 54	d from w 1(b)(7) p	vages as contr	ons. The monthly total of ibutions for qualified retired defined retired definitions for qualified retired d repayments of loans from the second seco	ement plans, as spec	ified	\$			
42.	Total of a	all dedu	ctions a	allowed unde	r 11 U.S.C. § 707(b)(2)(A	A). Copy line 38 here	→	\$			
43.	expenses their expe	and you	u have r ou mus	no reasonable	 If special circumstances alternative, describe the se trustee a detailed explaine expenses. 	special circumstance					
	Describe t	-				Amount of expense					
	43a					\$					
						\$					
	43c					+ \$					
	43d. Total .	. Add lin	es 43a i	through 43c		\$	Copy 43d here 🗲	+\$			
44.	Total adjı	ustmen	ts. Add	lines 40 throug	gh 43d			\$		Copy total here 🗲	- \$
45.	Calculate	e your n	nonthly	disposable ir	ncome under § 1325(b)(2). Subtract line 44 fr	om line 39.				\$
Pa	art 3:	Chan	ge in I	ncome or E	xpenses						
46.	have char the time y after you	nged or /our cas filed you	are virtu e will be ir petitio	ually certain to e open, fill in th on, check 22C-	e income in Form 22C-1 o change after the date you e information below. For 1 in the first column, ente crease occurred, and fill in	u filed your bankrupto example, if the wage er line 2 in the second	y petition a s reported column, e	and during increased			
	Form	L	ine	Reason for ch	ange	Date of change		ease or rease?	Amount	of change	
	22C—1 22C—2	-						ncrease Decrease	\$		
	22C—1 22C—2							ncrease Jecrease	\$		
	22C—1 22C—2							ncrease Jecrease	\$		
	22C-1						_	ncrease Decrease	\$		
1											

Last Name

Part 4:	Sign Below
By signing he	ere, under penalty of perjury you declare that the information on this statement and in any attachments is true and correct.
Signature o	of Debtor 1 Signature of Debtor 2
Date MM /	DD / YYYY DD / YYYY MM / DD / YYYY