Fill	n this information to identify your case:					ly as directed in this form and in	
Debte					Form 122A-1Supp		4
Debte	First Name Middle Name or 2	Last Name		[1. There is no pr	resumption of abuse.	
	se, if filing) First Name Middle Name d States Bankruptcy Court for the: District of	Last Name			abuse applies	on to determine if a presumption of swill be made under <i>Chapter 7</i> Calculation (Official Form 122A–2).	
Case (If kno	number					est does not apply now because of ary service but it could apply later.	
					Check if this is	an amended filing	_
Offi	cial Form 122A—1						
Ch	apter 7 Statement of Your	Curre	nt Mor	nthly	Income	10/19	
space additi do no <i>Abuse</i>	complete and accurate as possible. If two married per is needed, attach a separate sheet to this form. Incluing pages, write your name and case number (if known have primarily consumer debts or because of qualified Under § 707(b)(2) (Official Form 122A-1Supp) with the Calculate Your Current Monthly Income	de the line i wn). If you b ying military nis form.	number to w believe that y	hich the ou are	additional inform exempted from a p	ation applies. On the top of any presumption of abuse because you	
1.	What is your marital and filing status? Check one only	'-					
	Not married. Fill out Column A, lines 2-11.■ Married and your spouse is filing with you. Fill out	t both Colum	nns A and B, I	ines 2-1	1.		
	☐ Married and your spouse is NOT filing with you. \						
	Living in the same household and are not legally separated. Fill out both Columns A and B, lines 2-11.						
	Living separately or are legally separated. Fit under penalty of perjury that you and your spous spouse are living apart for reasons that do not in	se are legally	y separated u	nder nor	bankruptcy law tha	at applies or that you and your	
	Fill in the average monthly income that you received bankruptcy case. 11 U.S.C. § 101(10A). For example, i August 31. If the amount of your monthly income varied of Fill in the result. Do not include any income amount more income from that property in one column only. If you have	f you are filind during the 6 to that the file.	ng on Septem months, add For example,	ber 15, to the incor , if both s	he 6-month period ne for all 6 months pouses own the sa	would be March 1 through and divide the total by 6.	
					Column A Debtor 1	Column B Debtor 2 or non-filing spouse	
2.	Your gross wages, salary, tips, bonuses, overtime, a (before all payroll deductions).	nd commiss	sions		\$	\$	
3.	Alimony and maintenance payments. Do not include p Column B is filled in.	ayments fro	m a spouse if	f	\$	\$	
	All amounts from any source which are regularly paid of you or your dependents, including child support. I from an unmarried partner, members of your household, and roommates. Include regular contributions from a spo filled in. Do not include payments you listed on line 3.	nclude regul your depend	lar contributio dents, parents	ns S,	\$	\$	
5.	Net income from operating a business, profession, or farm	Debtor 1	Debtor 2				
	Gross receipts (before all deductions) Ordinary and necessary operating expenses	• - \$	• • \$				
	Net monthly income from a business, profession, or farm	\$	\$	Copy here	\$	\$	
6.	Net income from rental and other real property	Debtor 1	Debtor 2	nere 📆	Ψ		
	Gross receipts (before all deductions)	\$	\$				
	Ordinary and necessary operating expenses Net monthly income from rental or other real property	- p	φ	Сору	¢	\$	
7.	Interest, dividends, and royalties	\$	\$	here→	φ \$	\$ \$	
	- -						

or 1	First Name Middle Name Lost Name			
	First Name Middle Name Last Name			
		Column A Debtor 1	Column B Debtor 2 or non-filing spouse	
Une	employment compensation	\$	\$	
	not enter the amount if you contend that the amount received was a benefit ler the Social Security Act. Instead, list it here:			
	For you\$			
	nsion or retirement income. Do not include any amount received that was a			
ben not Unit disa pay doe	refit under the Social Security Act. Also, except as stated in the next sentence, do include any compensation, pension, pay, annuity, or allowance paid by the ted States Government in connection with a disability, combat-related injury or ability, or death of a member of the uniformed services. If you received any retired a paid under chapter 61 of title 10, then include that pay only to the extent that it are not exceed the amount of retired pay to which you would otherwise be entitled if a under any provision of title 10 other than chapter 61 of that title.	\$		
Do las as a terro	ome from all other sources not listed above. Specify the source and amount. not include any benefits received under the Social Security Act; payments received a victim of a war crime, a crime against humanity, or international or domestic orism; or compensation, pension, pay, annuity, or allowance paid by the United tes Government in connection with a disability, combat-related injury or disability, or ath of a member of the uniformed services. If necessary, list other sources on a parate page and put the total below.			
·		\$	\$	
		\$	\$	
То	otal amounts from separate pages, if any.	+ s	+ \$	
	otal amounts from separate pages, if any.	+ \$	+ \$	
1. Cal	culate your total current monthly income. Add lines 2 through 10 for each umn. Then add the total for Column A to the total for Column B.	+ \$ \$	+ \$ + _{\$} = _{\$}	<u> </u>
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1. Calcolulus Columbia Columbia Calcolulus C	Determine Whether the Means Test Applies to You culate your current monthly income for the year. Follow these steps: Copy your total current monthly income from line 11	\$	+ \$ = \$	onthly incom
1. Calcolled colled col	Culate your total current monthly income. Add lines 2 through 10 for each umn. Then add the total for Column A to the total for Column B. Determine Whether the Means Test Applies to You culate your current monthly income for the year. Follow these steps: Copy your total current monthly income from line 11. Multiply by 12 (the number of months in a year). The result is your annual income for this part of the form. culate the median family income that applies to you. Follow these steps: in the state in which you live. in the number of people in your household. in the median family income for your state and size of household. in the median family income amounts, go online using the link specified in tructions for this form. This list may also be available at the bankruptcy clerk's office.	\$the separate	+ \$ = \$ To me Copy line 11 here → \$ X 12b. \$	onthly incom

Debtor 1				Case number (if known)
	First Name	Middle Name	Last Name	

Part 3:	Sign Below					
	By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.					
	×	×				
	Signature of Debtor 1	Signature of Debtor 2				
	Date MM / DD / YYYY	Date MM / DD / YYYY				
	If you checked line 14a, do NOT fill out or file Form 122A–2.					
	If you checked line 14b, fill out Form 122A-2 and file it with th	is form.				