| Fill ir | n this informatio | n to identify | your case: | | | | |
|-----------------|---------------------------|-----------------|-------------------------|---|----------------------------|-----------------------|---------------------|
| Debto | or 1 | | | | | | |
| _ | First Name | | Middle Name | Last Name | | | |
| Debto (Spous | se, if filing) First Name | | Middle Name | Last Name | | | |
| United | d States Bankruptcy | Court for the: | | District of | | | |
| Case | number | | | (State) | | | |
| (If kno | | | | | | | |
| | | | | | | ☐ Check if this is | s an amended filing |
| | | | | | | | |
| Offi | cial Form | 122C_2 |) | | | | |
| | | | _ | v 5: | | | |
| Cha | apter 13 | Calcu | ilation of | Your Dispos | able income | e | 04/16 |
| | | | | ppy of Chapter 13 Statem | ent of Your Current Mo | nthly Income and | Calculation of |
| | nitment Period (| | • | | | | |
| | • | • | | ried people are filing tog s form. Include the line n | | • | • |
| | • | • | • | se number (if known). | | | . цррноон он шо |
| | | | | | | | |
| Part | 1. Coloulet | o Vour Do | ductions from Yo | ur Incomo | | | |
| Part | Calculat | le Tour Dec | uctions from 10 | our income | | | |
| | | | | | | | |
| Th | e Internal Rever | nue Service | (IRS) issues Nation | nal and Local Standards t | for certain expense amo | ounts. Use these a | nounts |
| | | | | IRS standards, go online also be available at the b | | | |
| | | | • | | | | |
| | • | | | gardless of your actual exp the standards. Do not incl | • | | |
| | - | | | C–1, and do not deduct an | | • | |
| spo | ouse's income in | line 13 of For | m 122C-1. | | | | |
| If y | our expenses dif | fer from mont | th to month, enter th | e average expense. | | | |
| No | te: Line numbers | 1-4 are not u | used in this form. The | ese numbers apply to infor | mation required by a simi | ilar form used in cha | apter 7 cases. |
| | | | | | | | |
| | | | | | | | |
| _ | The number of | of noonlous | ad in determining w | your doductions from inc | omo | | |
| 5. | | | | our deductions from inc ed as exemptions on your | | | , |
| | return, plus the | e number of a | ny additional depen | dents whom you support. | | | |
| | be different fro | m the numbe | er of people in your h | nousehold. | | | |
| | | | | | | | |
| | lational | Vou mus | t use the IRS Nation | nal Standards to answer th | e auestions in lines 6-7 | | |
| S | Standards | T Ou Tiluo | t doc the into ivation | iai otandards to answer tri | e questions in lines o 7. | | |
| | | | | | | | |
| 6. | | | | mber of people you entere | d in line 5 and the IRS Na | ational | |
| | Standards, fill | in the dollar a | mount for food, clot | hing, and other items. | | | \$ |
| | | | | | | | |
| | | | | | | | |
| 7. | | | | ne number of people you e cket health care. The numl | | | |
| | | | | le who are 65 or older—bed | | | |
| | allowance for I | nealth care co | osts. If your actual ex | xpenses are higher than th | is IRS amount, you may | deduct the | |

additional amount on line 22.

- 9a. Using the number of people you entered in line 5, fill in the dollar amount listed for your county for mortgage or rent expenses.
- 9b. Total average monthly payment for all mortgages and other debts secured by 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. Next divide by 60.

Name of the creditor Average monthly payment Copy Repeat this amount 9b. Total average monthly payment on line 33a. 9c. Net mortgage or rent expense. Subtract line 9b (total average monthly payment) from line 9a (mortgage or Copy here rent expense). If this number is less than \$0, enter \$0. 10. If you claim that the U.S. Trustee Program's division of the IRS Local Standard for housing is incorrect and affects the calculation of your monthly expenses, fill in any additional amount you claim. Explain why:

| 1 | First Name | Middle Name Last N | ame | | Case number | (if known) | |
|----|------------------|--|---|--------------|--------------|-----------------------------------|----|
| _ | | | | | | | |
| Lo | 0. Go to | ation expenses: Check the bline 14. bline 12. re. Go to line 12. | number of vehicles for which | h you claim | an ownership | or operating expense. | |
| | | | Local Standards and the nur ply for your Census region or | | | | \$ |
| ea | ich vehicle bel | | ng the IRS Local Standards, of expense if you do not make a more than two vehicles. | | | | |
| V | /ehicle 1 | Describe Vehicle 1: | | | | | |
| 13 | a. Ownership | or leasing costs using IRS I | Local Standard | | \$ | | |
| 13 | Do not inclu | onthly payment for all debts ude costs for leased vehicle the average monthly payn | s. nent here and on line 13e, | | | | |
| | | ounts that are contractually on the 60 months after you file | for bankruptcy. Then divide | | | | |
| | Name of e | ach creditor for Vehicle 1 | Average monthly payment | | | | |
| | | | + \$ | \neg - | | | |
| | | Total average monthly pay | /ment \$ | Copy here | - \$ | Repeat this amount on line 33b. | |
| 13 | | 1 ownership or lease expe e 13b from line 13a. If this r | nse number is less than \$0, enter | \$0 | \$ | Copy net Vehicle 1 expense here | \$ |
| ٧ | /ehicle 2 | Describe Vehicle 2: | | | | | |
| 13 | d. Ownership | or leasing costs using IRS L | _ocal Standard | | \$ | | |
| 13 | J | onthly payment for all debts ude costs for leased vehicle | • | | | | |
| | Name of e | ach creditor for Vehicle 2 | Average monthly payment | | | | |
| | | | | ¬ | | | |
| | | Total average monthly pa | yment \$ | Copy here | - \$ | Repeat this amount on line 33c. | |
| 13 | | 2 ownership or lease expe e 13e from 13d. If this numl | nse ber is less than \$0, enter \$0. | | \$ | Copy net Vehicle 2 expense here | \$ |
| | | | imed 0 vehicles in line 11, ı dless of whether you use p | | | ndards, fill in the <i>Public</i> | \$ |
| de | educt a public t | | : If you claimed 1 or more ve may fill in what you believe i | | | | \$ |

| Debtor | first Name | Middle Name Last | Case number (if known) | |
|--------|--|--|--|----------|
| | r iist realic | Wilder Hallo East I | num. | _ |
| | ther Necessary xpenses | In addition to the exp following IRS catego | pense deductions listed above, you are allowed your monthly expenses for the pries. | |
| 16. | self-employment ta from your pay for th refund by 12 and su | xes, social security taxe lese taxes. However, if y | actually pay for federal, state and local taxes, such as income taxes, so, and Medicare taxes. You may include the monthly amount withheld you expect to receive a tax refund, you must divide the expected in the total monthly amount that is withheld to pay for taxes. | \$ |
| 17. | Involuntary deduction dues, and un | | y payroll deductions that your job requires, such as retirement contributions, | |
| | Do not include amo | unts that are not require | ed by your job, such as voluntary 401(k) contributions or payroll savings. | \$ |
| 18. | | | is that you pay for your own term life insurance. If two married people are filing for your spouse's term life insurance. | |
| | Do not include pren life insurance other | | on your dependents, for a non-filing spouse's life insurance, or for any form of | \$ |
| 19. | agency, such as sp | ousal or child support pa | • | \$ |
| | Do not include payr | nents on past due obliga | ations for spousal or child support. You will list these obligations in line 35. | |
| 20. | | | you pay for education that is either required: | |
| | as a condition forfor your physical | | d dependent child if no public education is available for similar services. | \$ |
| 21. | | | ou pay for childcare, such as babysitting, daycare, nursery, and preschool. y or secondary school education. | \$ |
| 22. | required for the hea savings account. In | alth and welfare of you o clude only the amount t | ing insurance costs: The monthly amount that you pay for health care that is or your dependents and that is not reimbursed by insurance or paid by a health hat is more than the total entered in line 7. vings accounts should be listed only in line 25. | \$ |
| 23. | for you and your de phone service, to the income, if it is not re Do not include payr | pendents, such as page ne extent necessary for eimbursed by your empl ments for basic home te | ices: The total monthly amount that you pay for telecommunication services ers, call waiting, caller identification, special long distance, or business cell your health and welfare or that of your dependents or for the production of oyer. lephone, internet or cell phone service. Do not include self-employment of Form 122C-1, or any amount you previously deducted. | + \$ |
| 24. | | enses allowed under th | ne IRS expense allowances. | \$ |
| | dditional Expense eductions | | tional deductions allowed by the Means Test. Clude any expense allowances listed in lines 6-24. | |
| 25. | | | and health savings account expenses. The monthly expenses for health savings accounts that are reasonably necessary for yourself, your spouse, or | |
| | Health insurance | | \$ | |
| | Disability insurance | ; | \$ | |
| | Health savings acc | | + \$ | |
| | Total | | \$Copy total here | \$ |
| | | end this total amount? | | |
| | _ | do you actually spend? | \$ | |
| | <u> </u> | | | |
| 26. | continue to pay for your household or | the reasonable and nec member of your immedia | household or family members. The actual monthly expenses that you will sessary care and support of an elderly, chronically ill, or disabled member of ate family who is unable to pay for such expenses. These expenses may alified ABLE program. 26 U.S.C. § 529A(b). | \$ |
| 27. | | | reasonably necessary monthly expenses that you incur to maintain the safety of nece Prevention and Services Act or other federal laws that apply. | \$ |
| | By law, the court m | ust keep the nature of th | nese expenses confidential. | * |

| | First Name | Middle Name | Last Name | | Cas | e number (if known) | | | | | |
|----------|--|--|-------------------------|--|---|-----------------------|-----------|------|--|--|--|
| | | | | | | | | | | | |
| | Additional home energy costs. Your home energy costs are included in your insurance and operating expenses on line 8 | | | | | | | | | | |
| | If you believe that you have home energy costs that are more than the home energy costs included in expenses on line 8, then fill in the excess amount of home energy costs. | | | | | | | | | | |
| | | | | f your actual expenses, | and you must sl | now that the addition | al amount | \$ | | | |
| cl | aimed is reasona | able and necessa | ry. | | | | | | | | |
| | | | | ho are younger than 18 | | | | ¢ | | | |
| | | child) that you pa lementary or seco | | endent children who are | younger than 1 | 8 years old to attend | da | Φ | | | |
| Y | ou must give you | r case trustee do | cumentation of | f your actual expenses, | | xplain why the amou | nt | | | | |
| | | | • | ady accounted for in line | | | | | | | |
| * | Subject to adjus | tment on 4/01/19 |), and every 3 y | ears after that for cases | begun on or at | ter the date of adjus | tment. | | | | |
| | | | | nthly amount by which y | | | | \$ | | | |
| hi th | igher than the co nan 5% of the foo | mbined food and od and clothing al | clothing allowation the | ances in the IRS Nationa e IRS National Standard | al Standards. Th s. | nat amount cannot be | e more | ν | | | |
| Т | o find a chart she | owing the maximu | um additional a | llowance, go online usin | g the link speci | | | | | | |
| | | | , | vailable at the bankrupt | • | | | | | | |
| Y | ou must snow th | at trie additional a | amount ciaime | d is reasonable and nec | 555a1 y. | | | | | | |
| | | | | int that you will continue on. 11 U.S.C. § 548(d)(3) | | the form of cash or t | inancial | + \$ | | | |
| | | • | - | r gross monthly income. | ` ' | | | · Ψ | | | |
| | | | • | . g. 555 | | | | | | | |
| | | ditional expense | deductions. | | | | | \$ | | | |
| А | dd lines 25 throu | ign 31. | | | | | | | | | |
| Ded | luctions for Deb | t Pavment | | | | | | | | | |
| | | • | | | | | | | | | |
| | | e secured by an secured debt, fi | | operty that you own, ir through 33e. | cluding home | mortgages, vehicle |) | | | | |
| | • | • | | idd all amounts that are | contractually du | ie | | | | | |
| to | each secured c | editor in the 60 n | nonths after yo | u file for bankruptcy. The | en divide by 60. | | | | | | |
| | | | | | | Average monthly | | | | | |
| ı | Mortgages on you | | | | | payment | | | | | |
| | | r nome | | | | | | | | | |
| | 33a Conviline 9h | | | | - | \$ | | | | | |
| ; | 33a. Copy line 9b | | | | > | \$ | | | | | |
| | 33a. Copy line 9b | here | | | > | \$ | | | | | |
| ı | Loans on your firs | here | | | | \$ \$ | | | | | |
| ; | Loans on your firs | t two vehicles | | | ······································ | \$ | | | | | |
| ; | Loans on your firs 33b. Copy line 13 33c. Copy line 13 | t two vehicles b here | | | ······································ | \$ \$ | | | | | |
| ; | Loans on your firs | t two vehicles b here | | | ······································ | \$ \$ | | | | | |
| ; | Loans on your firs 33b. Copy line 13 33c. Copy line 13 33d. List other se | t two vehicles b here e here. decured debts: | | Identify property that | → Does | \$ \$ | | | | | |
| ; | Loans on your firs 33b. Copy line 13 33c. Copy line 13 33d. List other se | t two vehicles b here e here. decured debts: | | | Does payment include taxes | \$ \$ | | | | | |
| ; | Loans on your firs 33b. Copy line 13 33c. Copy line 13 33d. List other se | t two vehicles b here e here. decured debts: | | Identify property that | Does payment include taxes or insurance? | \$ \$ | | | | | |
| ; | Loans on your firs 33b. Copy line 13 33c. Copy line 13 33d. List other se | t two vehicles b here e here. decured debts: | | Identify property that | Does payment include taxes or insurance? | \$ \$ | | | | | |
| ; | Loans on your firs 33b. Copy line 13 33c. Copy line 13 33d. List other se | t two vehicles b here e here. decured debts: | | Identify property that | Does payment include taxes or insurance? | \$ \$ | | | | | |
| ; | Loans on your firs 33b. Copy line 13 33c. Copy line 13 33d. List other se | t two vehicles b here e here. decured debts: | | Identify property that | Does payment include taxes or insurance? | \$ \$ | | | | | |
| ; | Loans on your firs 33b. Copy line 13 33c. Copy line 13 33d. List other se | t two vehicles b here e here. decured debts: | | Identify property that | Does payment include taxes or insurance? No Yes No | \$ \$ \$ \$ | | | | | |
| ; | Loans on your firs 33b. Copy line 13 33c. Copy line 13 33d. List other se | t two vehicles b here e here. decured debts: | | Identify property that | Does payment include taxes or insurance? No Yes No Yes Yes | \$ \$ | | | | | |

| ı. | 20 | et: | NI: | ar | m | ۵ |
|----|----|-----|-----|----|---|---|

| 34. | Are any debts that you listed in line 33 secured by your primary residence, a vehicle, or other property necessary |
|-----|--|
| | for your support or the support of your dependents? |

No. Go to line 35.

☐ 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 secures the debt | Total cure amount | | Monthly cure amount |
|----------------------|---|-------------------|--------|---------------------|
| | | \$ | ÷ 60 = | \$ |
| | | \$ | ÷ 60 = | \$ |
| | | \$ | ÷ 60 = | + \$ |
| | | | | C |

Total

| \$ | | | | \$ |
|----|--|--|--|----|
|----|--|--|--|----|

Copy total \$_____

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. § 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.

÷ 60

\$_____

36. Projected monthly Chapter 13 plan payment

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

Сору

total

\$_____

37. Add all of the deductions for debt payment. Add lines 33e 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......\$______

Copy line 32, All of the additional expense deductions.....\$

Copy line 37, All of the deductions for debt payment.....+\$

Total deductions\$_____

| Сору |
|-----------|
| total |
| here 👈 |

| \$_ | _ |
|-----|-------|
| | |

| Deb | tor 1 | = | | | | | Case numb | er (if known) | | |
|-----|---|---|------------------------|---|---|--|-----------------------------------|----------------------------------|------------|-------------|
| | | First Name | | Middle Name | Last Name | | | | | |
| Pai | t 2: | Determ | ine | Your Disposa | ble Income Under | 11 U.S.C. § 1325(I |)(2) | | | |
| | | | | | | orm 122C-1, Chapter 1 on of Commitment Per | | | | \$ |
| | children. disability preceived in | The mont payments n accorda | hly a for a nce | average of any cha a dependent child | nild support payments I, reported in Part I of onbankruptcy law to tl | upport for dependent, foster care payments, Form 122C-1, that you he extent reasonably | or \$ | | | |
| | Fill in all qualified retirement deductions. The monthly total of all amounts that your employer withheld from wages as contributions for qualified retirement plans, as specified in 11 U.S.C. § 541(b)(7) plus all required repayments of loans from retirement plans, as specified in 11 U.S.C. § 362(b)(19). | | | | | | | | | |
| 42. | Total of a | III deduct | ions | allowed under | 11 U.S.C. § 707(b)(2) | (A). Copy line 38 here | -) \$_ | | | |
| | 43. Deduction for special circumstances. If special circumstances justify additional expenses and you have no reasonable alternative, describe the special circumstances and their expenses. You must give your case trustee a detailed explanation of the special circumstances and documentation for the expenses. | | | | | | | | | |
| | Describe | the specia | ıl circ | cumstances | | Amount of expense | | | | |
| | | | | | | \$ | | | | |
| | | | | | | \$ | | | | |
| | | | | | Total | +\$c \$c | opy here | | | |
| | | | | | Total | _ · | ΙΨ_ | | 1 | |
| 44. | Total adju | ustments | . Ad | d lines 40 througl | h 43 | | \$_ | | Copy here | - \$ |
| | | | | | | | | | 1 | |
| 45. | Calculate | your mo | nthl | y disposable in | come under § 1325(b | b)(2). Subtract line 44 fr | om line 39. | | | \$ |
| Pa | rt 3: | Change | e in | Income or Ex | penses | | | | | |
| 46. | or are virto open, fill in 122C-1 in | ually certa n the infor the first o | ain to mati olun | change after the ion below. For ex | e date you filed your b cample, if the wages re the second column, e | -1 or the expenses you ankruptcy petition and eported increased after explain why the wages | during the time you filed your | e your case wi petition, chec | ll be k | |
| | Form | Line |) | Reason for chang | ge | Date of change | Increase or decrease? | Amount o | of change | |
| | 122C- | | _ | | | | ☐ Increase☐ Decrease | \$ | | |
| | 122C- | | _ | | | | ☐ Increase☐ Decrease | \$ | | |
| | 122C- | | _ | | | | ☐ Increase☐ Decrease | \$ | | |
| | 122C- | | _ | | | | ☐ Increase☐ Decrease | \$ | | |

| | First Name | Middle Name | Last Name | | | |
|---------------|----------------|----------------------|--|--|--|--|
| Part 4: | Sign Below | | | | | |
| By signing h | oro undor no | nalty of porium you | u declare that the information on this statement and in any attachments is true and correct. | | | |
| by signing in | iere, under pe | naity of perjury you | u declare that the information on this statement and in any attachments is true and correct. | | | |
| X | | | | | | |
| Signature | of Debtor 1 | | Signature of Debtor 2 | | | |
| Date | | | Date | | | |
| MM | / DD / YYY | Y | MM / DD / YYYY | | | |

Case number (if known)_

Debtor 1