Fill in this information to identify your case:							
Debtor 1	First Name	Middle Name	Last Name				
Debtor 2							
(Spouse, if filing)		Middle Name	Last Name				
United States Bankruptcy Court for the:							
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).

Pa	art 1	1: Calculate Your Deductions from Your Income	
	ans this Ded of yo inco	The Internal Revenue Service (IRS) issues National and Local Standards for certain expense amounts. Use these amounts to aswer the questions in lines 6-15. To find the IRS standards, go online using the link specified in the separate instructions for is form. This information may also be available at the bankruptcy clerk's office. 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 some 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.	r
	lf yo	our expenses differ from month to month, enter the average expense.	
	Note	te: 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	3.
		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.	
	Nat	ational Standards You must use the IRS National Standards to answer the questions in lines 6-7.	
		<b>Food, clothing, and other items:</b> 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.	
		<b>Out-of-pocket health care allowance:</b> 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					
	People who	o are under 65 years	e of age					
		-	-	¢				
		oocket health care al		on <sup>\$</sup>	-			
	7b. Numbe	r of people who are ι	inder 65	X				
	7c. Subtota	I. Multiply line 7a by	line 7b.	\$	Copy line 7c here	\$		
	People wh	no are 65 years of a	ge or older					
	7d. Out-of-	oocket health care al	lowance per perse	on \$	-			
	7e. Numbe	r of people who are 6	65 or older	x				
	7f. Subtota	I. Multiply line 7d by	line 7e.	\$	Copy line - 7f here ➔	+ \$		
7g.	Total. Add I	ines 7c and 7f				\$	Copy total here ➔7g.	\$
Local Stand	ards Y	ou must use the IRS	Local Standards	to answer the questior	ns in lines 8-15	j.		
	l on informa vo parts:	tion from the IRS, t	he U.S. Trustee I	Program has divided	the IRS Loca	I Standard for ho	using for bankruptc	y purposes
	-	tilities – Insurance a	and operating ex	penses				
	0			•				
■ Ho	using and u	tilities – Mortgage o	or rent expenses					
				istee Program chart. his chart may also be				
				penses: Using the nut		e you entered in lir	ne 5, fill in	\$
9. <b>Ho</b>	using and u	tilities – Mortgage o	or rent expenses	:				
		e number of people r your county for mo		e 5, fill in the dollar am enses.	ount	\$		
	9b. Total av your ho		ent for all mortga	ges and other debts se	ecured by			
	contrac		cured creditor in t	nt, add all amounts tha he 60 months after yo				
	Name of t	he creditor		Average monthly payment				
				\$				
	• <u>•</u> ••••••••••••••			\$				
				+ <u>\$</u>				
	9b.Total ave	erage monthly payme	ent		Copy line 9b here	-\$	Repeat this amount - on line 33a.	
9c.	Net mortgag	e or rent expense.						
	Subtract line	•		from line 9a ( <i>mortgage</i>	e or rent	\$	Copy 9c here 🗲	\$
	e calculation	of your monthly ex		on of the IRS Local S ny additional amount		ousing is incorred	ct and affects	\$
	Explain why	/:						

\_

Last Name

	tion expenses: Check the nu	umber of vehicles for wh	iich you claim an	ownership or o	operating expense.	
0. Go to						
. Vehicle operatio	n expense: Using the IRS Lo be Operating Costs that apply					\$
vehicle below. Yo	<b>ip or lease expense:</b> Using t ou may not claim the expense e expense for more than two v	if you do not make any				
Vehicle 1	Describe Vehicle 1:					
13a. Owners	hip or leasing costs using IRS	Local Standard	13a.	\$		
Do not i	e monthly payment for all debt nclude costs for leased vehicl	es.				
add all a	ulate the average monthly pay amounts that are contractually in the 60 months after you file y 60.	due to each secured	3e,			
Name of ea	ach creditor for Vehicle 1	Average monthly payment				
		_ \$	Copy13b here	— \$	Repeat this amount on line 33b.	
	icle 1 ownership or lease exp t line 13b from line 13a. If this		, enter \$0. 13c.	\$	Copy net Vehicle 1 expense here ➔	\$
Vehicle 2	Describe Vehicle 2:					
13d. Owners	nip or leasing costs using IRS	Local Standard	13d.	\$		
0	e monthly payment for all debte include costs for leased vehicl					
Name of ea	ch creditor for Vehicle 2	Average monthly payment				
		\$	Copy here 🗲	— \$	Repeat this amount on line 33c.	
	icle 2 ownership or lease expo t line 13e from 13d. If this num		er \$0. 13f.	\$	Copy net Vehicle 2 expense here →	\$
	tation expense: If you claime opense allowance regardless of				fill in the <i>Public</i>	\$
	ic transportation expense: In ransportation expense, you ma					¢

Other Necessary Expenses	In addition to the expense deductions listed above, you are allowed your monthly expenses for the following IRS categories.	
employment taxes, soo your pay for these taxe	hly amount that you actually pay for federal, state and local taxes, such as income taxes, self- cial security taxes, and Medicare taxes. You may include the monthly amount withheld from es. However, if you expect to receive a tax refund, you must divide the expected refund by 12 per from the total monthly amount that is withheld to pay for taxes.	\$
Do not include real est	ate, sales, or use taxes.	
17. Involuntary deduction union dues, and unifor	<b>ns:</b> The total monthly payroll deductions that your job requires, such as retirement contributions, m costs.	
Do not include amount	ts that are not required by your job, such as voluntary 401(k) contributions or payroll savings.	\$
together, include paym	otal monthly premiums that you pay for your own term life insurance. If two married people are filing nents that you make for your spouse's term life insurance. ms for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life	
insurance other than te		\$
	ents: The total monthly amount that you pay as required by the order of a court or administrative sal or child support payments.	\$
Do not include paymer	nts on past due obligations for spousal or child support. You will list these obligations in line 35.	
20. Education: The total r	nonthly amount that you pay for education that is either required:	
as a condition for yo	r mentally challenged dependent child if no public education is available for similar services.	\$
	nonthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. Its for any elementary or secondary school education.	\$
required for the health savings account. Inclu	e expenses, excluding insurance costs: The monthly amount that you pay for health care that is and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health de only the amount that is more than the total entered in line 7. surance or health savings accounts should be listed only in line 25.	\$
you and your depende service, to the extent n is not reimbursed by yo Do not include paymer	and telephone services: The total monthly amount that you pay for telecommunication services for ints, such as pagers, call waiting, caller identification, special long distance, or business cell phone necessary for your health and welfare or that of your dependents or for the production of income, if it our employer. Ints for basic home telephone, internet or cell phone service. Do not include self-employment ise reported on line 5 of Form 22C-1, or any amount you previously deducted.	+ \$
24. Add all of the expens Add lines 6 through 23	ses 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.	
	ability insurance, and health savings account expenses. The monthly expenses for health surance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your	
Health insurance	\$	
Disability insurance	e \$	
Health savings acc	•	
Total	\$ Copy total here ➔	\$
	end this total amount?	·
	you actually spend?	
Yes	\$	
continue to pay for the	ions to the care of household or family members. The actual monthly expenses that you will reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your of your immediate family who is unable to pay for such expenses.	\$
	<b>mily violence</b> . The reasonably necessary monthly expenses that you incur to maintain the safety of ider the Family Violence Prevention and Services Act or other federal laws that apply.	\$
By law, the court must	keep the nature of these expenses confidential.	

Debtor	1
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28.	Additional home energy costs. Your h on line 8.	ome energy costs are included in yo	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 cl per child) that you pay for your depende elementary or secondary school.					\$					
	You must give your case trustee docume reasonable and necessary and not alread		nd you must expla	in why the amount c	aimed is						
	* Subject to adjustment on 4/01/16, and	l every 3 years after that for cases b	egun on or after	the date of adjustme	nt.						
30.	Additional food and clothing expense than the combined food and clothing allo food and clothing allowances in the IRS	wances in the IRS National Standa				\$					
	To find a chart showing the maximum ac instructions for this form. This chart may			in the separate							
	instructions for this form. This chart may also be available at the bankruptcy clerk's office. You must show that the additional amount claimed is reasonable and necessary.										
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 1	5% of your gross monthly income.									
32.	Add all of the additional expense ded	uctions.				\$					
	Add lines 25 through 31.					*					
De	ductions for Debt Payment										
20	For dable that are assured by an inte										
33.	For debts that are secured by an inte vehicle loans, and other secured debt		nualing nome ma	origages,							
	To calculate the total average monthly p secured creditor in the 60 months after y			each							
				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 □	·							
	33e		No □_Yes	\$							
			No	+ \$							
	33f		Yes	·	Copy total						
	33g. Total average monthly payment	Add lines 33a through 33f		\$	here	\$					

	debts that you listed in lin pport or the support of yo	e 33 secured by your prima ur dependents?	ary residence, a	vehicle, or of	ther property necess	ary for	
	Go to line 35.						
=	. State any amount that you	must pay to a creditor, in addi <i>re amount</i> ). Next, divide by 6				sion of	
	Name of the creditor	Identify property that secures the debt	Total cure amount		Monthly cure amount		
			\$	_ ÷60 =	\$		
			\$	_ ÷60 =	\$		
			\$	_ ÷60 = +	⊦ \$		
				Total	\$	Copy total here	\$
No.	priority claims, such as thos	of these priority claims. Do n			\$	÷ 60	\$
					Ψ		Ψ
36. Projecte	ed monthly Chapter 13 pla	n payment			\$		
of the Ur	nited States Courts (for distri	stated on the list issued by the cts in Alabama and North Car ustees (for all other districts).	rolina) or by the				
	parate instructions for this for	t includes your district, go onl orm. This list may also be ava		specified	<	_	
Average	monthly administrative expe	ense			\$	Copy total here	\$
37. Add all o	of the deductions for debt	payment. Add lines 33g throi	ugh 36.				\$
Total Dedu	ictions from Income						
38. Add all	of the allowed deductions.						
Copy line	e 24, All of the expenses allo	wed under IRS expense allow	wances		\$		
Copy line	e 32, All of the additional exp	pense deductions			\$		
Copy line	e 37, All of the deductions fo	r debt payment		·	+ \$		
Total dec	ductions				\$	Copy total here ➔	\$

Deb	otor 1						Case nu	umber (if known)			
		First Name	Middle Name	e Last	Name						
Par	t 2 <del>:</del> De	termine Y	our Disp	osable Inco	me Under 11 U	.S.C. § 1325(b)(2)					
39.						n 22C-1, Chapter 13 of Commitment Per					\$
40.	The month payments accordance	hly average for a deper	of any chil ndent child, icable nonl	ld support pays , reported in Pa	ments, foster care art I of Form 22C-1	port for dependent payments, or disabili , that you received ir conably necessary to	ty I	\$			
	employer in 11 U.S.	withheld fro	om wages a (7) plus all	as contribution required repay	s for qualified retire	all amounts that you ement plans, as spec om retirement plans, a	ified	\$			
42.	Total of a	III deductio	ons allowed	d under 11 U.	S.C. § 707(b)(2)(A	). Copy line 38 here	→	\$			
43.	expenses their expe	and you ha enses. You r	ive no reas nust give y	sonable alterna	ee a detailed expla	s justify additional special circumstance nation of the special	s and				
		he special ci				Amount of expense					
						\$					
	43b					\$					
	43c					+ \$					
	43d.Total.	Add lines 4	3a through	n 43c		\$	Copy 43d here 🗲	+\$			
44.	Total adjı	ustments. /	Add lines 4	0 through 43d				\$		Copy total here 🗲	<b>-</b> \$
45.	Calculate	your mon	thly dispo	sable income	under § 1325(b)(2	2). Subtract line 44 fr	om line 39.				\$
Ра	ort 3:	Change	in Incom	e or Expens	es						
46.	have char the time y after you	nged or are our case wi filed your pe	virtually ce Il be open, etition, cheo	ertain to change fill in the inform ck 22C-1 in the	e after the date you nation below. For e e first column, ente	r the expenses you r u filed your bankrupto example, if the wage r line 2 in the second n the amount of the ir	y petition a s reported column, e	and during increased			
	Form	Line	Reaso	on for change		Date of change		ease or rease?	Amount	of change	
	22C—1 22C—2							ncrease Jecrease	\$		
	22C—1 22C—2							ncrease Decrease	\$		
	22C—1 22C—2							ncrease Jecrease	\$		
	22C-1							ncrease Jecrease	\$		

Middle Name

Last Name

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