Fill in t	nic information	to identify your ca	so:					
	iis iiiioiiiiatioii	to identify your ca	5e.					
Debtor 1	First Name	Middle	Name	Last Name				
Debtor 2	(C): ) =							
	f filing) First Name		Name	Last Name				
United S	tates Bankruptcy C	court for the:						
Case nu								
							Check if this	s is an amended filing
Offici	al Form 1	22C-2						
-			<b>f</b> V	/ B!			_	
Cna	pter 13	Calculati	on ot t	our Disp	osabi	e income	<b>3</b>	12/15
		will need your co		y of Chapter 13 S	tatement of	Your Current Moi	nthly Income an	d Calculation of
	•	urate as possible.	•	d people are filin	g together, l	ooth are equally i	responsible for I	peing accurate. If
more spa	ace is needed, a	attach a separate s	heet to this f	orm. Include the	line number			ion applies. On the
top of ar	iy additional pa	ges, write your na	me and case	number (If know	n).			
Part 1:	Calculate	Your Deduction	s from You	r Income				
to an	swer the questi	e Service (IRS) iss ions in lines 6-15. form. This informa	To find the IR	RS standards, go	online using	the link specifie	d in the separat	
		mounts set out in lir	-		·	•		e
	•	kpenses if they are	_	•	•	•	•	
		ne in lines 5 and 6 o		1, and do not ded	uct any amou	nts that you subtra	acted from your	
·		e 13 of Form 122C-						
•	·	from month to mor		• .				
Note:	Line numbers 1-	4 are not used in th	is form. These	e numbers apply t	o information	required by a simi	ilar form used in o	chapter 7 cases.
	-	people used in det r of people who cou				income tax		_
1	return, plus the n	number of any additi	onal depende	nts whom you sup				
	be different from	the number of peop	ole in your hou	ısehold.				
	ional ndards	You must use the	IRS National	Standards to ans	wer the quest	ions in lines 6-7.		
Ota	iluai u3							
		and other items: U the dollar amount fo				e 5 and the IRS Na	ational	\$
	_							
		ealth care allowan the dollar amount fo						
	categories-peop	ole who are under 6	5 and people v	who are 65 or olde	er-because o	lder people have a	a higher IRS	

additional amount on line 22.

/a.	ole who are under 65 years of age					
	Out-of-pocket health care allowance per perso	on \$				
7b.	Number of people who are under 65	X	٦.			
7c.	Subtotal. Multiply line 7a by line 7b.	\$	Copy here	\$		
Ped	ople who are 65 years of age or older					
7d.	Out-of-pocket health care allowance per perso	on \$				
7e.	Number of people who are 65 or older	X				
7f.	Subtotal. Multiply line 7d by line 7e.	\$	Copy here→	+ \$		
7g. <b>Tota</b>	I. Add lines 7c and 7f			. \$	Copy here →	\$
ocal andards	You must use the IRS Local Standards to	answer the questions	in lines 8-	15.	_	
nkruptcy Housing	nformation from the IRS, the U.S. Trustee P purposes into two parts: and utilities – Insurance and operating exp	_	the IRS Lo	cal Standard for l	nousing for	
Housing	and utilities - Mortgage or rent expenses					
	the questions in lines 8-9, use the U.S. Trus the separate instructions for this form. Th					
	and utilities – Insurance and operating exp			ople you entered in	line 5, fill	\$
iii tiile do	ilar amount listed for your county for insurance	e and operating expen	3C3.			
Housing	and utilities – Mortgage or rent expenses:					
9a. l						
	Jsing the number of people you entered in line isted for your county for mortgage or rent expense.		ount	\$		
9b. 7		enses.		\$		
9b. 7 9b. 7	isted for your county for mortgage or rent exper otal average monthly payment for all mortgag	enses. les and other debts se nt, add all amounts tha	ecured by	\$		
9b. 7 9b. 7	isted for your county for mortgage or rent experional average monthly payment for all mortgagyour home.  To calculate the total average monthly payment contractually due to each secured creditor in the	enses. les and other debts se nt, add all amounts tha	ecured by	\$		
9b. 7 9b. 7	isted for your county for mortgage or rent experioral average monthly payment for all mortgagyour home.  To calculate the total average monthly payment contractually due to each secured creditor in the for bankruptcy. Next divide by 60.	enses. les and other debts sent, add all amounts that he 60 months after your average monthly	ecured by	\$		
9b. 7 9 -	isted for your county for mortgage or rent experioral average monthly payment for all mortgagyour home.  To calculate the total average monthly payment contractually due to each secured creditor in the for bankruptcy. Next divide by 60.	enses. les and other debts sent, add all amounts that he 60 months after your average monthly	ecured by	\$		
9b. 7 9b. 7	isted for your county for mortgage or rent experioral average monthly payment for all mortgagyour home.  To calculate the total average monthly payment contractually due to each secured creditor in the for bankruptcy. Next divide by 60.	enses. les and other debts sent, add all amounts that he 60 months after your average monthly	ecured by	\$		
9b. 7 9 -	isted for your county for mortgage or rent experioral average monthly payment for all mortgagyour home.  To calculate the total average monthly payment contractually due to each secured creditor in the for bankruptcy. Next divide by 60.	enses. les and other debts sent, add all amounts than 60 months after yo  Average monthly payment  \$ \$  + \$	ecured by	-\$	Repeat this amount – on line 33a.	
9b. 7 ) -	isted for your county for mortgage or rent experioral average monthly payment for all mortgagyour home.  To calculate the total average monthly payment contractually due to each secured creditor in the for bankruptcy. Next divide by 60.  Name of the creditor  9b. Total average monthly payment	enses. les and other debts sent, add all amounts than 60 months after yo  Average monthly payment  \$ \$  + \$	ecured by at are u file			
9b. 7    9c. N	isted for your county for mortgage or rent experioral average monthly payment for all mortgagyour home.  To calculate the total average monthly paymer contractually due to each secured creditor in the for bankruptcy. Next divide by 60.  Name of the creditor	enses. les and other debts sent, add all amounts than 60 months after yo  Average monthly payment  \$ \$  + \$ \$  for the form line 9a (mortg)	ccured by at are u file  Copy here	-\$\$ \$		\$
9b. 7 9c. N S n	isted for your county for mortgage or rent experional average monthly payment for all mortgagyour home.  To calculate the total average monthly payment contractually due to each secured creditor in the for bankruptcy. Next divide by 60.  Name of the creditor  9b. Total average monthly payment liket mortgage or rent expense.  Subtract line 9b (total average monthly payment)	enses. les and other debts seent, add all amounts than 60 months after yo  Average monthly payment  \$	coured by at are u file  Copy here		on line 33a.	\$ \$

or 1	First Name	Middle Name L	ast Name			Case number	(if known)	
1. <b>Loc</b>	al transporta	tion expenses: Check	the numbe	er of vehicles for which	n you claim a	an ownership	or operating expense.	
	1. Go to	line 14. line 12. re. Go to line 12.						
		on expense: Using the Ine Operating Costs that					n you claim the operating rea.	\$
eac	h vehicle belo	nip or lease expense: Low. You may not claim the expense	ne expense	e if you do not make a				
Ve	ehicle 1	Describe Vehicle 1:						
13a	. Ownership	or leasing costs using IF	RS Local S	tandard		\$		
13b.	Do not inclu To calculate add all amo	onthly payment for all de ide costs for leased veh the average monthly p unts that are contractua ne 60 months after you	icles. ayment he Ily due to e	re and on line 13e, each secured				
	by 60.	ach creditor for Vehicle 1	ile for barn	Average monthly payment				
				\$ + s				
		Total average monthly	payment	\$	Copy here	<b>-</b> \$	Repeat this amount on line 33b.	
13c.		1 ownership or lease execution 13b from line 13a. If the	•	is less than \$0, enter	\$0	\$	Copy net Vehicle 1 expense here	\$
Ve	ehicle 2	Describe Vehicle 2:						
13d	. Ownership o	or leasing costs using IF	S Local St	tandard		\$		
13e.	ū	nthly payment for all de ude costs for leased veh		d by Vehicle 2.				
	Name of ea	ach creditor for Vehicle 2		Average monthly payment				
		Total average monthly	payment	<b>+</b> \$	Copy here	<b>-</b> \$	Repeat this amount on line 33c.	
13f.		2 ownership or lease earlie 13e from 13d. If this n	•	ess than \$0, enter \$0.		\$	Copy net Vehicle 2 expense here	\$
		ation expense: If you expense allowance rec					ndards, fill in the <i>Public</i>	\$
ded	luct a public tr		/ou may fil	l in what you believe i			u claim that you may also e, but you may not claim	\$

1	First Name	Middle Name	Last Name		Case number (if known)	
Other Expen	Necessary ses		the expense categories.	e deductions listed	l above, you are allowed your monthly expenses for the	
self- from refur	employment ta your pay for th nd by 12 and so	xes, social secu lese taxes. How	rity taxes, an ever, if you e ber from the	d Medicare taxes. xpect to receive a	state and local taxes, such as income taxes, You may include the monthly amount withheld tax refund, you must divide the expected unt that is withheld to pay for taxes.	\$
	luntary deduc		monthly pay	roll deductions tha	at your job requires, such as retirement contributions,	
Do n	ot include amo	unts that are no	t required by	your job, such as	voluntary 401(k) contributions or payroll savings.	\$
				t you pay for your our spouse's term	own term life insurance. If two married people are filing life insurance.	
	ot include pren nsurance other		surance on yo	our dependents, fo	r a non-filing spouse's life insurance, or for any form of	\$
		ments: The tot ousal or child si			as required by the order of a court or administrative	\$
Do n	ot include payr	nents on past d	ue obligation	s for spousal or ch	ald support. You will list these obligations in line 35.	
■ as	a condition for	your job, or	, ,	•	hat is either required: public education is available for similar services.	\$
. Chile	Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool.  Do not include payments for any elementary or secondary school education.  \$					
2. 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.						\$
for ye phor incor Do n	ou and your de ne service, to the me, if it is not re not include payr	pendents, such le extent necess eimbursed by you ments for basic	as pagers, c sary for your our employer. home telepho	all waiting, caller in thealth and welfare one, internet or cel	amount that you pay for telecommunication services dentification, special long distance, or business cell or that of your dependents or for the production of I phone service. Do not include self-employment y amount you previously deducted.	+ \$
. <b>Add</b> Add	all of the expo lines 6 through	enses allowed 23.	under the IR	S expense allowa	ances.	\$
Additio Deduc	onal Expense tions				ed by the Means Test. wances listed in lines 6-24.	
insu					count expenses. The monthly expenses for health are reasonably necessary for yourself, your spouse, or	
Hea	Ith insurance			\$		
Disa	ability insurance	<b>)</b>		\$		
	Ith savings acc		+	\$		
Tota	il			\$	Copy total here→	\$
Do v	ou actually spe	end this total am	∟ nount?		_	
		do you actually		\$		

your household or member of your immediate family who is unable to pay for such expenses. These expenses may

you and your family under the Family Violence Prevention and Services Act or other federal laws that apply.

27. Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of

include contributions to an account of a qualified ABLE program. 26 U.S.C. § 529A(b).

By law, the court must keep the nature of these expenses confidential.

Debtor					Case	number (if known)			
	First Name	Middle Name	Last Name						
28.	Additional home	energy costs.	our home ener	gy costs are included in	your insurance a	and operating expense	es on line 8.		
	If you believe that then fill in the exce	you have home ess amount of ho	energy costs th me energy cos	at are more than the hor ts.	ne energy costs	included in expenses	on line 8,	\$	
	You must give you claimed is reason	ur case trustee do able and necessa	ocumentation of ary.	f your actual expenses, a	and you must sh	ow that the additional	amount		
29.	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.								
				f your actual expenses, a		plain why the amount			
	* Subject to adjust	stment on 4/01/16	6, and every 3 y	ears after that for cases	begun on or aft	er the date of adjustm	ent.		
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.								
	instructions for the	s form. This char	t may also be a	llowance, go online usin vailable at the bankruptord is reasonable and neco	cy clerk's office.	ed in the separate			
					-				
31.				int that you will continue on. 11 U.S.C. § 548(d)(3)		the form of cash or fina	ancial	+ \$	
	Do not include an	y amount more th	nan 15% of you	r gross monthly income.					
32.	Add all of the ad	ditional expense	e deductions.					\$	
	Add lines 25 throu	ugh 31.							
	loans, and other To calculate the to	secured debt, for tal average mon	ill in lines 33a thly payment, a	dd all amounts that are	contractually due				
	to each secured o	reditor in the 60 r	months after yo	u file for bankruptcy. The	en divide by 60.	Average monthly payment			
	Mortgages on you	ır home				payment			
	33a. Copy line 9b	here			<b>&gt;</b>	\$			
	Loans on your fir	st two vehicles							
	33b. Copy line 13	Bb here				\$			
	33c. Copy line 13	Be here			······	\$			
	33d. List other se	ecured debts:							
	Name of ea	ach creditor for otl ebt	her	Identify property that secures the debt	Does payment include taxes or insurance?				
					□No	\$			
					_	•			
					_ Yes	Φ			
					∐ No _	+ \$			
	33e. Total averaç	ge monthly paym	ent. Add lines 3	3a through 33d		C I	opy total ere <del> →</del>	\$	
					Į.				

34. Are any debts that you listed in line 33 secured by your primary resid	dence, 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 =	+ \$

Copy total Total here -

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.

÷ 60 Total amount of all past-due priority claims.

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

Copy total here -

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......+\$

Copy total Total deductions ......

200		First Name	Middle Name	Last Name					
Pai	rt 2:	Determine	e Your Disposabl	e Income Under 1	1 U.S.C. § 1325(I	o)(2)			
39.				e from line 14 of Form ome and Calculation (				\$	
40.	40. Fill in any reasonably necessary income you receive for support for dependent children. The monthly average of any child support payments, foster care payments, or disability payments for a dependent child, reported in Part I of Form 122C-1, that you received in accordance with applicable nonbankruptcy law to the extent reasonably necessary to be expended for such child.								
41.	1. <b>Fill in all qualified retirement deductions.</b> 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	II deduction	ns allowed under 11	I U.S.C. § 707(b)(2)(A	). Copy line 38 here	\$			
43.	3. <b>Deduction for special circumstances.</b> 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 special ci	ircumstances	A	mount of expense				
					\$				
					\$				
				Total	\$c	opy here +\$			
44.	Total adju	ustments. A	dd lines 40 through 4	43		\$	Copy here 👈	<b>-</b> \$	
45.	Calculate	your month	nly disposable inco	ome under § 1325(b)(2	2). Subtract line 44 fr	om line 39.		\$	
Pa	rt 3:	Change i	n Income or Exp	enses					
46.	or are virte open, fill in 122C-1 in	ually certain n the informa the first colu	to change after the oution below. For example	come in Form 122C-1 date you filed your ban mple, if the wages repo ne second column, exp ease.	kruptcy petition and orted increased after	during the time you filed your pe	our case will be tition, check		
	Form	Line	Reason for change		Date of change	Increase or decrease?	Amount of change		
	122C- 122C-					Increase Decrease	\$		
	122C- 122C-					Increase Decrease	\$		
	122C- 122C-			<del></del>		Increase Decrease	\$		
	122C- 122C-					Increase Decrease	\$		

Case number (if known)

Debtor 1

Debtor 1 First Name Middle Name Last Name			LastNama	Case number (if known)				
Part 4:	Sign Belo		Last Name					
By signing h	nere, under per	alty of perjury y	ou declare that the info	ormation on this statement and in any attachments is true and correct.				
×				×				
Signature	e of Debtor 1			Signature of Debtor 2				
Date	/ DD / YYY	<del>,</del>		Date				