Fill	in this i	nformation t	o identify y	our case:						
Deb	tor 1									
Deh	tor 2	First Name		Middle Name	Las	Name				
		) First Name		Middle Name	Las	Name	_			
Unit	ed States	Bankruptcy C	ourt for the:							
	e number									
(If ki	nown)							□Che	ck if this is an a	amended filing
										g
		1 B 22C2								
Ch	apto	er 13 (	Calcul	ation of	Your	Disposa	ble Inco	ne		12/14
		s form, you t Period (Off			opy of <i>Cha</i>	oter 13 Statemer	nt of Your Current	Monthly Inc	come and Calcu	lation of
	-		-				her, both are equa		-	
	•	•	•	arate sheet to th our name and ca			mber to which the	additional i	nformation appl	lies. On the
	,	μ.,	,			(				
					_					
Part	ALE C	Calculate `	four Dedu	ctions from Yo	our Incom	9				
а	nswer tl	he question	s in lines 6-		RS standard	ls, go online usi	r certain expense on the link specification			
			•			• •		f the form ve	nu will uso somo	
of in	f your ac	tual expense lines 5 and 6	s if they are	higher than the s	tandards. Do	not include any	nse. In later parts or operating expense subtracted from you	s that you su	btracted from	
If	VOLIT EXT	nenses differ	from month	to month, enter th	ne average e	ynense				
	, ,			•	ŭ	•	ation required by a	aimilar form	uaad in ahantar <del>-</del>	7
N	ote: Line	numbers 1-	4 are not use	ea in this form. Tr	iese numbei	s apply to informa	ation required by a	similar form	used in chapter i	cases.
5	The n	umber of ne	onle used i	n determining y	our deducti	one from incom	0			
5.		-	-				eral income tax retu	urn,		7
			•	•	hom you su	pport. This number	er may be different			
	mom t	ne number o	r people in y	our household.						
ı	National	Standards	You must	use the IRS Natio	nal Standar	ds to answer the	questions in lines 6	i-7.		
0	Food	alathina av	ad athau itau	ma. I laina tha nuu	mbor of noo	ala vau antarad in	line E and the IDC	National		
6				ns: Using the nur ount for food, cloth			line 5 and the IRS	inational		\$
	_									
7.							red in line 5 and the split into two cates			
	under	65 and peop	ole who are 6	65 or older-becau	use older pe	ople have a highe	er IRS allowance fo	r health care		
	actual	l expenses a	re higher tha	in this IRS amour	nt, you may o	deduct the addition	onal amount on line	22.		

_	ople who are under 65 years of age					
Peo	pro mile and amade do Joane di age					
7a.	Out-of-pocket health care allowance per person	\$				
	Number of people who are under 65	X				
	Subtotal. Multiply line 7a by line 7b.	\$ \$	Copy line	\$		
	.,,	·	7c here→			
	eople who are 65 years of age or older					
	Out-of-pocket health care allowance per person	1 \$				
7e.	Number of people who are 65 or older	X	7 a			
7f.	Subtotal. Multiply line 7d by line 7e.	\$	Copy line 7f here  →	+ \$		
7g. <b>Tota</b>	tal. Add lines 7c and 7f			\$	Copy total here7g.	\$
cal andards	You must use the IRS Local Standards to	answer the questions	in lines 8-15	i.		
sed on i o two pa	information from the IRS, the U.S. Trustee Pr	ogram has divided tl	he IRS Loca	l Standard for hou	sing for bankrupto	y purposes
•	g and utilities – Insurance and operating exp	enses				
Housing	g and utilities – Mortgage or rent expenses					
`						
answer	r the questions in lines 8-9, use the U.S. Trust in the separate instructions for this form. Thi					
answer ecified i	in the separate instructions for this form. This	s chart may also be a	available at	the bankruptcy cle	erk's office.	
answer ecified i		s chart may also be a enses: Using the num	available at	the bankruptcy cle	erk's office.	\$
answer ecified in Housing the dollar	in the separate instructions for this form. This g and utilities – Insurance and operating exp	s chart may also be a enses: Using the num	available at	the bankruptcy cle	erk's office.	\$
answer ecified in Housing the dollar Housing	in the separate instructions for this form. This g and utilities – Insurance and operating exp ar amount listed for your county for insurance ar g and utilities – Mortgage or rent expenses: Using the number of people you entered in line	enses: Using the num nd operating expenses  5, fill in the dollar amon	available at had a specified by the second second and second seco	the bankruptcy cle	erk's office.	\$
answer ecified in Housing the dolla Housing 9a. I	in the separate instructions for this form. This g and utilities – Insurance and operating exp ar amount listed for your county for insurance ar g and utilities – Mortgage or rent expenses:	enses: Using the num nd operating expenses  f, fill in the dollar amornses.	available at heer of peoples.	the bankruptcy cle	erk's office.	\$
e answer ecified in Housing the dolla Housing 9a. I	in the separate instructions for this form. This g and utilities – Insurance and operating expenser amount listed for your county for insurance ar g and utilities – Mortgage or rent expenses: Using the number of people you entered in line solisted for your county for mortgage or rent expenses. Total average monthly payment for all mortgage	enses: Using the numer of operating expenses  5, fill in the dollar amoranses.  s and other debts sectors, add all amounts that	available at abording the state of people is.  unt aured by are	the bankruptcy cle	erk's office.	\$
answer ecified in Housing the dolla Housing 9a. 1	in the separate instructions for this form. This g and utilities – Insurance and operating explar amount listed for your county for insurance ar g and utilities – Mortgage or rent expenses: Using the number of people you entered in line solisted for your county for mortgage or rent expenses. Total average monthly payment for all mortgage your home. To calculate the total average monthly payment contractually due to each secured creditor in the	enses: Using the numer of operating expenses  5, fill in the dollar amoranses.  s and other debts sectors, add all amounts that	available at abording the state of people is.  unt aured by are	the bankruptcy cle	erk's office.	\$
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answer ecified in Housing the dolla  Housing 9a. I  9b. 7	in the separate instructions for this form. This g and utilities – Insurance and operating explar amount listed for your county for insurance ar g and utilities – Mortgage or rent expenses: Using the number of people you entered in line solisted for your county for mortgage or rent expenses. Total average monthly payment for all mortgage your home. To calculate the total average monthly payment contractually due to each secured creditor in the bankruptcy. Next divide by 60.  Name of the creditor	enses: Using the num nd operating expenses  5, fill in the dollar amounts as and other debts sec  as and all amounts that a 60 months after you  Average monthly payment  \$ \$ \$ \$ \$ \$	available at aber of people s. unt sured by are file for	the bankruptcy cle	erk's office. e 5, fill in Repeat this amount	
answer ecified in Housing the dolla Housing 9a. I 9b. 7	in the separate instructions for this form. This g and utilities – Insurance and operating explar amount listed for your county for insurance ar g and utilities – Mortgage or rent expenses: Using the number of people you entered in line of listed for your county for mortgage or rent expenses. Total average monthly payment for all mortgage your home. To calculate the total average monthly payment contractually due to each secured creditor in the bankruptcy. Next divide by 60.  Name of the creditor	enses: Using the num nd operating expenses  5, fill in the dollar amounts as and other debts sec  a, add all amounts that a 60 months after you  Average monthly payment  \$ \$ \$ \$ \$ \$	available at aber of peoples.  unt  ured by are file for  Copy line 9b here	the bankruptcy cle	erk's office. e 5, fill in Repeat this amount	
answer ecified in Housing the dolla Housing 9a. I 9b. T	in the separate instructions for this form. This g and utilities – Insurance and operating explar amount listed for your county for insurance ar g and utilities – Mortgage or rent expenses: Using the number of people you entered in line of listed for your county for mortgage or rent expenses. Total average monthly payment for all mortgage your home. To calculate the total average monthly payment contractually due to each secured creditor in the bankruptcy. Next divide by 60.  Name of the creditor  Total average monthly payment	enses: Using the num nd operating expenses  5, fill in the dollar amounts as and other debts sec  as and all amounts that a 60 months after you  Average monthly payment  \$ \$  bm line 9a (mortgage of	available at aber of people is.  unt  ured by are file for  Copy line 9b here	the bankruptcy cle e you entered in line  \$ \$ \$	Repeat this amount on line 33a.  Copy 9c here	

	Name of e	each creditor for Vehicle 1	Average monthly payment	Copy13b here→	-\$	Repeat this amount on line 33b.	
		hicle 1 ownership or lease expe ct line 13b from line 13a. If this		enter \$0. 13c.	\$	Copy net Vehicle 1 expense here →	\$
	Vehicle 2	Describe Vehicle 2:					
	13d. Owners	ship or leasing costs using IRS	Local Standard	13d.	\$		
	J	e monthly payment for all debts include costs for leased vehicle	•				
	Name of ea	ach creditor for Vehicle 2	Average monthly payment				
			\$	Copy here →	<b>-</b> \$	Repeat this amount on line 33c.	
		nicle 2 ownership or lease expe ot line 13e from 13d. If this num		er \$0. 13f.	\$	Copy net Vehicle 2 expense here	\$
14.		rtation expense: If you claimed expense allowance regardless of				n the <i>Public</i>	\$
15.	deduct a public t	lic transportation expense: If transportation expense, you make Local Standard for <i>Public Tr</i>	y fill in what you believe				\$
fficia	al Form B 22C2	Chap	oter 13 Calculation of Yo	our Disposable	Income		paç

tor 1	First Name	Middle Name	Last Name		Case number (if known)	
ther Nec	essary		to the expense		d above, you are allowed your monthly expenses for the	
E Taxes: employing your parand sub-	ment taxes, y for these t tract that nu	onthly amount t social security axes. However	hat you actually taxes, and Med , if you expect t total monthly a	y pay for federal, licare taxes. You to receive a tax re	state and local taxes, such as income taxes, selfmay include the monthly amount withheld from sfund, you must divide the expected refund by 12 sheld to pay for taxes.	\$
	tary deduc ues, and uni		I monthly payro	oll deductions that	t your job requires, such as retirement contributions,	
Do not i	nclude amo	unts that are no	ot required by y	our job, such as	voluntary 401(k) contributions or payroll savings.	\$
				you pay for your or or spouse's term li	own term life insurance. If two married people are filing fe insurance.	
	nclude pren ce other tha		surance on you	ır dependents, for	a non-filing spouse's life insurance, or for any form of life	\$
agency,	such as sp	ousal or child s	upport paymen	ts.	as required by the order of a court or administrative ild support. You will list these obligations in line 35.	\$
■ as a	condition for	your job, or			nat is either required: public education is available for similar services.	\$
				y for childcare, su econdary school e	ich as babysitting, daycare, nursery, and preschool. education.	\$
required	I for the hea	ilth and welfare	of you or your	dependents and	The monthly amount that you pay for health care that is that is not reimbursed by insurance or paid by a health all entered in line 7.	\$
Paymer	its for health	n insurance or h	nealth savings	accounts should b	pe listed only in line 25.	*
you and service, is not re Do not i	your deper to the exter imbursed by nclude payr	ndents, such as nt necessary for y your employe ments for basic	pagers, call war r your health ar r. home telephon	aiting, caller ident nd welfare or that ne, internet or cell	amount that you pay for telecommunication services for tification, special long distance, or business cell phone of your dependents or for the production of income, if it phone service. Do not include self-employment amount you previously deducted.	+ \$
	of the expe		under the IRS	expense allowa	inces.	\$
additional Deduction					ved by the Means Test. owances listed in lines 6-24.	
	ce, disability	disability insu	rance, and he	alth savings acc	ount expenses. The monthly expenses for health re reasonably necessary for yourself, your spouse, or your	
Hea	Ith insuranc	e		\$		
Disa	ability insura	ince		\$		
Hea	Ith savings	account	+	\$		
Tota	al			\$	Copy total here→	\$
Do	you actually	spend this tota	I amount?		nd.	
	-	do you actually				
					embers. The actual monthly expenses that you will t of an elderly, chronically ill, or disabled member of your	\$

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

Official Form B 22C2

27. **Protection against family violence.** The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply.

Debtor	r 1						Case n	number (if known)		
		First Name	Middle Name		Last Name					
28.	Addition on line		ergy costs.	Your ho	me energy costs a	ıre included in you	r non-mortgage	housing and utilities	allowance	
					costs that are more the excess amour			cluded in the non-mo	rtgage	\$
		ust give your o d is reasonabl			ntation of your actu	ual expenses, and	you must show	that the additional a	mount	
29.	per chi		ay for your de	ependen				enses (not more than nd a private or public		\$
					ntation of your actu ly accounted for in		you must expla	in why the amount c	laimed is	
	* Subj	ect to adjustm	nent on 4/01/	/16, and	every 3 years after	that for cases be	gun on or after	the date of adjustme	nt.	
30.	than th	e combined for	ood and cloth	ning allov		National Standard		clothing expenses a cannot be more than		\$
					ditional allowance, also be available a			in the separate		
	You mi	ust show that	the additiona	al amoun	nt claimed is reasor	nable and necessa	ary.			
31.					ne amount that you ganization. 11 U.S.			form of cash or finan	cial	+
	Do not	include any a	mount more	than 15	% of your gross mo	onthly income.				
32.		I of the addit es 25 through	-	se dedu	ctions.					\$
De	duction	ns for Debt P	ayment							
33.					est in property the fill in lines 33a th		iding home mo	ortgages,		
					lyment, add all amo ou file for bankrupto			o each		
								Average monthly		
	Мо	rtgages on you	ır home					payment		
	33a	a. Copy line 9t	here					\$		
	Loa	ans on your fir	st two vehicle	es						
	33b	o. Copy line 13	Bb here					\$		
	330	c. Copy line 13	se here					\$		
		me of each cre cured debt	ditor for othe	r	Identify property the debt	that secures	Does payment include taxes or insurance?			
							□No	\$		
	330	d					L⊒Yes □No			
	336	9					Yes	\$		
	33f						∐No ∐Yes	+ \$		
	33g	ე. Total averaç	ge monthly p	ayment.	Add lines 33a thro	ugh 33f		\$	Copy total here	\$

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?

Last Name

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 <i>cure amount</i> ). 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 = ·	+ \$

Total \$\_\_\_\_\_ Copy 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.

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

36. Projected monthly Chapter 13 plan payment

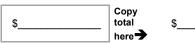
Average monthly administrative expense

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.

clerk's office.

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.....

\$\_\_\_\_\_

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

\$\_\_\_\_\_

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

\$\_\_\_\_\_Copy total here

Total deductions

Deb	otor 1	First Name	Middle	Name	Last Name			Case	number (if know	/n)			
ar	t 2: Det	ermine `	Your Di	sposabl	e Income l	Jnder 11 U.	.S.C. § 1325(b)	(2)					
39.							n 22C-1, Chapter of Commitment I					\$	
	Fill in any The month payments	reasonal ly average for a depe e with app	oly nece e of any ndent ch licable n	ssary inc child supp nild, report	ome you recort payments ed in Part I o	ceive for suppersonance of the series of the	port for depende payments, or disa , that you receive onably necessary	e <b>nt children</b> bility d in				¥ <u></u>	
	employer v	vithheld fr C. § 541(b	om wage )(7) plus	es as cont all require	ributions for o	qualified retire	all amounts that ment plans, as spent plans, as spent plans	ecified	\$				
42.	Total of al	l deduction	ons allo	wed unde	er 11 U.S.C. §	§ 707(b)(2)(A)	). Copy line 38 he	re <del>1</del>	\$	<del></del>			
	expenses their exper	and you hases. You	ave no re must giv	easonable e your ca	alternative,	describe the s detailed expla	justify additional special circumstar nation of the spec						
	Describe th	e special o	circumsta	inces			Amount of expen	se					
	43a						\$	_					
	43b						\$	_					
	43c						+ \$						
	43d. <b>Total</b> .	Add lines	43a thro	ugh 43c			\$	Copy 43d here	+\$	<del> </del>			
44.	Total adju	stments.	Add line	s 40 throu	gh 43d			4	\$		Copy total here	<b>-</b> \$	
45.	Calculate	your mor	nthly dis	posable i	ncome unde	er § 1325(b)(2	2). Subtract line 4	4 from line 3	9.			\$	
Pa	rt 3:	Change	in Inco	ome or E	xpenses								
46.	have chan the time you after you fi	ged or are our case w led your p	virtually vill be op- etition, c	certain to en, fill in tl heck 22C	change afte ne informatio -1 in the first	r the date you n below. For e column, entel	r the expenses you i filed your bankru example, if the wa r line 2 in the secon in the amount of the	ptcy petition ges reporte and column,	n and during d increased				
	Form	Line	Rea	ason for cl	nange		Date of char		crease or ecrease?	Amoun	t of change		
	22C-1 22C-2	_						- E	Increase Decrease	\$			
	22C-1 22C-2							_ [	Increase Decrease	\$			

22C-1

22C-2

22C-1

22C-2

Increase

Decrease

Increase

Decrease

Debtor 1	First Name	Middle Name	Last Name	Case number (if known)
Part 4:	Sign Be	elow		
By signing	here, under j	penalty of perjury	you declare that the inf	ormation on this statement and in any attachments is true and correct.
				•
×				×

Date \_\_\_\_\_

Date MM / DD / YYYY