| Fill | in this information to identify your case: | | | | Check one box of | only as directed in this form and in |
|-------------------------|--|---|---|-------------------|--|--|
| Debt | or 1 | Last Name | | | | |
| Debt | or 2 | | | | | presumption of abuse. |
| , . | se, if filing) First Name Middle Name d States Bankruptcy Court for the: District of | Last Name | | ' | abuse appli | tion to determine if a presumption of es will be made under <i>Chapter 7</i> to <i>Calculation</i> (Official Form 122A–2). |
| Case (If kn | numberown) | | | | | Test does not apply now because of litary service but it could apply later. |
| | | | | Ţ | Check if this | is an amended filing |
| Offi | cial Form 122A–1 | | | | | |
| Ch | apter 7 Statement of Your (| Curre | nt Mor | nthly | Income | 12/19 |
| additi do no Abus | is needed, attach a separate sheet to this form. Included and pages, write your name and case number (if known thave primarily consumer debts or because of qualifying Under § 707(b)(2) (Official Form 122A-1Supp) with this curtain Calculate Your Current Monthly Income What is your marital and filing status? Check one only. Not married. Fill out Column A, lines 2-11. Married and your spouse is filling with you. Fill out Married and your spouse is NOT filling with you. You Living in the same household and are not legal Living separately or are legally separated. Fill under penalty of perium that you and your spouse. | n). If you I ing military s form. both Colum ou and you ally separa out Columi | nns A and B, I ur spouse are ated. Fill out b | you are emplete a | exempted from a and file Statement of the Statement of th | es 2-11. By checking this box, you declare |
| | under penalty of perjury that you and your spouse spouse are living apart for reasons that do not income. | | | | | |
| | Fill in the average monthly income that you received f bankruptcy case. 11 U.S.C. § 101(10A). For example, if August 31. If the amount of your monthly income varied defill in the result. Do not include any income amount more income from that property in one column only. If you have | you are filir uring the 6 than once. | ng on Septem months, add For example, | ber 15, the incor | he 6-month perione for all 6 month pouses own the | d would be March 1 through as and divide the total by 6. same rental property, put the |
| | | | | | Column A Debtor 1 | Column B Debtor 2 or non-filing spouse |
| 2. | Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions). \$ | | | | | \$ |
| 3. | . Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in. | | | | | |
| 4. | 4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3. | | | | | |
| 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 Gross receipts (before all deductions) | Debtor 1 \$ | Debtor 2 \$ | | | |
| | Ordinary and necessary operating expenses | - \$ | - \$ | _ | | |
| _ | Net monthly income from rental or other real property | \$ | \$ | Copy here | \$ | \$ |
| /. | Interest, dividends, and royalties | | | | \$ | \$ |

| btor 1 | First Name Middle Name Last Name | Case number (if known) | | |
|---------------------------------|--|------------------------|--|------------------------------|
| | Last reine | | | |
| | | Column A Debtor 1 | Column B Debtor 2 or non-filing spouse | |
| 8. U ı | nemployment compensation | \$ | \$ | |
| | o not enter the amount if you contend that the amount received was a benefit nder the Social Security Act. Instead, list it here: | | | |
| | For your spouse | | | |
| be no U di pa do | ension or retirement income. Do not include any amount received that was a enefit under the Social Security Act. Also, except as stated in the next sentence, do ot include any compensation, pension, pay, annuity, or allowance paid by the nited States Government in connection with a disability, combat-related injury or sability, or death of a member of the uniformed services. If you received any retired ay paid under chapter 61 of title 10, then include that pay only to the extent that it bes not exceed the amount of retired pay to which you would otherwise be entitled if tired under any provision of title 10 other than chapter 61 of that title. | · \$ | \$ | |
| D as te S | come from all other sources not listed above. Specify the source and amount. It is 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 prorism; or compensation, pension, pay, annuity, or allowance paid by the United states Government in connection with a disability, combat-related injury or disability, combat of a member of the uniformed services. If necessary, list other sources on a exparate page and put the total below. | | ¢ | |
| - | | \$ | \$ | |
| - | | \$ | \$ | |
| ٦ | Total amounts from separate pages, if any. | + \$ | + \$ | |
| CC | alculate your total current monthly income. Add lines 2 through 10 for each olumn. Then add the total for Column A to the total for Column B. | \$ | + \$ | Total current monthly income |
| Part | ·· | | | |
| | alculate your current monthly income for the year. Follow these steps: a. Copy your total current monthly income from line 11 | | Conviling 44 hore | \$ |
| 12 | | | . Copy line 11 here | |
| | Multiply by 12 (the number of months in a year). | | Г | x 12 |
| 12 | b. The result is your annual income for this part of the form. | | 12b. | \$ |
| 13. C | alculate the median family income that applies to you. Follow these steps: | | | |
| Fi | Il in the state in which you live. | | | |
| Fi | Il in the number of people in your household. | | _ | |
| Fi | Il in the median family income for your state and size of household | | 13. | \$ |
| To | o find a list of applicable median income amounts, go online using the link specified structions for this form. This list may also be available at the bankruptcy clerk's office | in the separate | L | |
| 14. H | ow do the lines compare? | | | |
| 14 | Line 12b is less than or equal to line 13. On the top of page 1, check box 1, 7 Go to Part 3. Do NOT fill out or file Official Form 122A-2 | There is no presump | otion of abuse. | |
| | | | | 1-2. |

| 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. | | | |