In re	According to the information required to be entered on this statement (check one box as directed in Part I, III, or VI of this statement):
Case Number:(If known)	<ul> <li>☐ The presumption arises.</li> <li>☐ The presumption does not arise.</li> <li>☐ The presumption is temporarily inapplicable.</li> </ul>

## CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME AND MEANS-TEST CALCULATION

In addition to Schedules I and J, this statement must be completed by every individual chapter 7 debtor. If none of the exclusions in Part I applies, joint debtors may complete one statement only. If any of the exclusions in Part I applies, joint debtors should complete separate statements if they believe this is required by § 707(b)(2)(C).

	Part I. MILITARY AND NON-CONSUMER DEBTORS
	<b>Disabled Veterans.</b> If you are a disabled veteran described in the Declaration in this Part IA, (1) check the box at the beginning of the Declaration, (2) check the box for "The presumption does not arise" at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.
1A	Declaration of Disabled Veteran. By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. § 101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. §901(1)).
1B	<b>Non-consumer Debtors.</b> If your debts are not primarily consumer debts, check the box below and complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.
1D	Declaration of non-consumer debts. By checking this box, I declare that my debts are not primarily consumer debts.
	Reservists and National Guard Members; active duty or homeland defense activity. Members of a reserve component of the Armed Forces and members of the National Guard who were called to active duty (as defined in 10 U.S.C. § 101(d)(1)) after September 11, 2001, for a period of at least 90 days, or who have performed homeland defense activity (as defined in 32 U.S.C. § 901(1)) for a period of at least 90 days, are excluded from all forms of means testing during the time of active duty or homeland defense activity and for 540 days thereafter (the "exclusion period"). If you qualify for this temporary exclusion, (1) check the appropriate boxes and complete any required information in the Declaration of Reservists and National Guard Members below, (2) check the box for "The presumption is temporarily inapplicable" at the top of this statement, and (3) complete the verification in Part VIII. During your exclusion period you are not required to complete the balance of this form, but you must complete the form no later than 14 days after the date on which your exclusion period ends, unless the time for filing a motion raising the means test presumption expires in your case before your exclusion period ends.
1C	Declaration of Reservists and National Guard Members. By checking this box and making the appropriate entries below, I declare that I am eligible for a temporary exclusion from means testing because, as a member of a reserve component of the Armed Forces or the National Guard
	a.
	I performed homeland defense activity for a period of at least 90 days, terminating on, which is less than 540 days before this bankruptcy case was filed.

	Pa	rt II. CALCULATION OF MONTHL	Y INCOME FOR § 707(b)	(7) I	EXCLUSIO	N
	Marital/filing status. Check the box that applies and complete the balance of this part of this statement as directed.					
	a. Unmarried. Complete only Column A ("Debtor's Income") for Lines 3-11.					
2	b. Married, not filing jointly, with declaration of separate households. By checking this box, debtor declares under penalty of perjury: "My spouse and I are legally separated under applicable non-bankruptcy law or my spouse and I are living apart other than for the purpose of evading the requirements of § 707(b)(2)(A) of the Bankruptcy Code."  Complete only Column A ("Debtor's Income") for Lines 3-11.					
		Married, not filing jointly, without the declaration			2.b above. Cor	nplete both
		olumn A ("Debtor's Income") and Column B ( Married, filing jointly. Complete both Column A	- '		8 ("Spouse's L	ncome") for
	Li	ines 3-11.				1
	All figures must reflect average monthly income received from all sources, derived during the six calendar months prior to filing the bankruptcy case, ending on the last day of the month before the filing. If the amount of monthly income varied during the six months, you must divide the six-month total by six, and enter the result on the appropriate line.  Column B  Spouse's Income					
3	Gross	wages, salary, tips, bonuses, overtime, commis	sions.		\$	\$
4	Income from the operation of a business, profession or farm. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 4. If you operate more than one business, profession or farm, enter aggregate numbers and provide details on an attachment. Do not enter a number less than zero. Do not include any part of the business expenses entered on Line b as a deduction in Part V.					
	a.	Gross receipts	\$			
	b.	Ordinary and necessary business expenses	\$			
	c.	Business income	Subtract Line b from Line a		\$	\$
	Rent and other real property income. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 5. Do not enter a number less than zero. Do not include any part of the operating expenses entered on Line b as a deduction in Part V.					
5	a.	Gross receipts	\$			
	b.	Ordinary and necessary operating expenses	\$			
	c.	Rent and other real property income	Subtract Line b from Line a		\$	\$
6	Intere	st, dividends and royalties.			\$	\$
7	Pensio	on and retirement income.			\$	\$
8	Any amounts paid by another person or entity, on a regular basis, for the household expenses of the debtor or the debtor's dependents, including child support paid for that purpose. Do not include alimony or separate maintenance payments or amounts paid by your spouse if Column B is completed. Each regular payment should be reported in only one column; if a payment is listed in Column A, do not report that payment in Column B.					
9	Unemployment compensation. Enter the amount in the appropriate column(s) of Line 9. However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A or B, but instead state the amount in the space below:					
		aployment compensation claimed to benefit under the Social Security Act Debtor \$ _	Spouse \$		\$	S

10	Income from all other sources. Specify source and amount. If necessary sources on a separate page. Do not include alimony or separate mainted paid by your spouse if Column B is completed, but include all other palimony or separate maintenance. Do not include any benefits received Security Act or payments received as a victim of a war crime, crime again victim of international or domestic terrorism.  a.  b.	enance payments payments of I under the Social		
	Total and enter on Line 10		\$	\$
11	Subtotal of Current Monthly Income for § 707(b)(7). Add Lines 3 thru 10 in Column A, and, if Column B is completed, add Lines 3 through 10 in Column B. Enter the total(s).			\$
12	Total Current Monthly Income for § 707(b)(7). If Column B has been completed, add Line 11, Column A to Line 11, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 11, Column A.			
	Part III. APPLICATION OF § 707(b)(7	) EXCLUSION		
13	<b>Annualized Current Monthly Income for § 707(b)(7).</b> Multiply the an 12 and enter the result.	nount from Line 12 by	y the number	\$
14	<b>Applicable median family income.</b> Enter the median family income for size. (This information is available by family size at <a href="www.usdoj.gov/ust/bankruptcy">www.usdoj.gov/ust/bankruptcy</a> court.)			
	a. Enter debtor's state of residence: b. Enter debtor's	household size:		\$
15	Application of Section 707(b)(7). Check the applicable box and proceed as directed.  The amount on Line 13 is less than or equal to the amount on Line 14. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete Part VIII; do not complete Parts IV, V, VI or VII.			
	☐ The amount on Line 13 is more than the amount on Line 14. Com	_		

## Complete Parts IV, V, VI, and VII of this statement only if required. (See Line 15.)

Part IV. CALCULATION OF CURRENT MONTHLY INCOME FOR § 707(b)(2)				
16	16 Enter the amount from Line 12.			
17	Marital adjustment. If you checked the box at Line 2.c, enter on Line 17 the total of any income listed in Line 11, Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. Specify in the lines below the basis for excluding the Column B income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If you did not check box at Line 2.c, enter zero.    S			
	Total and enter on Line 17.			
18	Current monthly income for § 707(b)(2). Subtra	act Line 17 from Line 16 and enter the result.	\$	

	Part V. CALCULATION OF DEDUCTIONS FROM INCOME							
	Subpart A: Deductions under Standards of the Internal Revenue Service (IRS)							
19A	National Standards: food, clothing and other items. Enter in Line 19A the "Total" amount from IRS National Standards for Food, Clothing and Other Items for the applicable number of persons. (This information is available at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) The applicable number of persons is the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.			\$				
National Standards: health care. Enter in Line a1 below the amount from IRS National Standards for Out- of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out- of-Pocket Health Care for persons 65 years of age or older. (This information is available at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) Enter in Line b1 the applicable number of persons who are under 65 years of age, and enter in Line b2 the applicable number of persons who are 65 years of age or older. (The applicable number of persons in each age category is the number in that category that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.) Multiply Line a1 by Line b1 to obtain a total amount for persons under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for persons 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 19B.  Persons under 65 years of age, and enter in Line a1 below the amount from IRS National Standards for Out- of-Pocket Health Care for persons 65 years of age, and in Line a2 the IRS National Standards for Out- of-Pocket Health Care for persons 65 years of age, and in Line a2 the IRS National Standards for Out- of-Pocket Health Care for persons 65 years of age, and in Line a2 the IRS National Standards for Out- of-Pocket Health Care for persons 65 years of age, and in Line a2 the IRS National Standards for Out- of-Pocket Health Care for persons 65 years of age, and in Line a2 the IRS National Standards for Out- of-Pocket Health Care for persons 65 years of age, and in Line a2 the IRS National Standards for Out- of-Pocket Health Care for persons 65 years of age, and in Line a2 the IRS National Standards for Out- of-Pocket Health Care for persons 65 years of age, and in Line a2 the IRS National Standards for Out- o								
		ons under 65 years of age			<u> </u>	s of age or older		
	al.	Allowance per person		a2.		per person		
	b1.	Number of persons Subtotal		b2.	Number of Subtotal	persons		\$
Local Standards: housing and utilities; non-mortgage expenses. Enter the amount of the IRS Housing and Utilities Standards; non-mortgage expenses for the applicable county and family size. (This information is available at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court). The applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.								
Local Standards: housing and utilities; mortgage/rent expense. Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and family size (this information is available at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court) (the applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 42; subtract Line b from Line a and enter the result in Line 20B. Do not enter an amount less than zero.								
	a.	IRS Housing and Utilities Stan				\$		
	b. Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42 \$							
	c. Net mortgage/rental expense Subtract Line b from Line a.				\$			
Local Standards: housing and utilities; adjustment. If you contend that the process set out in Lines 20A and 20B does not accurately compute the allowance to which you are entitled under the IRS Housing and Utilities Standards, enter any additional amount to which you contend you are entitled, and state the basis for your contention in the space below:								
	<u> </u>							\$

	<b>Local Standards: transportation; vehicle operation/public transportation expense.</b> You are entitled to an expense allowance in this category regardless of whether you pay the expenses of operating a vehicle and regardless of whether you use public transportation.					
22A	Check the number of vehicles for which you pay the operating expenses or for which the operating expenses are included as a contribution to your household expenses in Line 8.  0 1 2 or more.					
	If you checked 0, enter on Line 22A the "Public Transportation" amount from IRS Local Standards: Transportation. If you checked 1 or 2 or more, enter on Line 22A the "Operating Costs" amount from IRS Local Standards: Transportation for the applicable number of vehicles in the applicable Metropolitan Statistical Area or Census Region. (These amounts are available at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)					
22B	Local Standards: transportation; additional public transportation expense. If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for your public transportation expenses, enter on Line 22B the "Public Transportation" amount from IRS Local Standards: Transportation. (This amount is available at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)					
	Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.)  1 2 or more.					
23	Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 1, as stated in Line 42; subtract Line b from Line a and enter the result in Line 23. <b>Do not enter an amount less than zero.</b>					
	a.	IRS Transportation Standards, Ownership Costs	\$			
	b.	Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 42	\$			
	c.	Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a.	\$		
		Standards: transportation ownership/lease expense; Vehicle 2. d the "2 or more" Box in Line 23.	Complete this Line only if you			
24	Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 42; subtract Line b from					
	a.	IRS Transportation Standards, Ownership Costs	\$			
	b.	Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42	\$			
	c.	Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a.	\$		
25				\$		
26	Other Necessary Expenses: involuntary deductions for employment. Enter the total average monthly			\$		
27	term li	<b>Necessary Expenses: life insurance.</b> Enter total average monthly fe insurance for yourself. <b>Do not include premiums for insuranc for any other form of insurance.</b>		\$		
28	require	Necessary Expenses: court-ordered payments. Enter the total med to pay pursuant to the order of a court or administrative agency, sents. Do not include payments on past due obligations included in	such as spousal or child support	\$		

29	Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.				
30	Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on childcare—such as baby-sitting, day care, nursery and preschool. Do not include other educational payments.				
31	on health reimburs	decessary Expenses: health care. Enter the total average mont in care that is required for the health and welfare of yourself or yourded by insurance or paid by a health savings account, and that is B. Do not include payments for health insurance or health savings.	your dependents, that in excess of the amo	t is not ount entered in	\$
32	Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service—such as pagers, call waiting, caller id, special long distance, or internet service—to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted.				
33	Total Ex	xpenses Allowed under IRS Standards. Enter the total of Line	es 19 through 32.		\$
		Subpart B: Additional Living Expe	nse Deductions		
		Note: Do not include any expenses that you h	ave listed in Lin	ies 19-32	
	Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents.				
	a.	Health Insurance	\$		
34	b.	Disability Insurance	\$		
	c.	Health Savings Account	\$		
		d enter on Line 34			\$
	space be	o not actually expend this total amount, state your actual tota low:	l average monthly ex	xpenditures in the	
35	Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is			\$	
36	Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.				\$
37	Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS			\$	
38	you actused secondar with doc	on expenses for dependent children less than 18. Enter the to ally incur, not to exceed \$156.25* per child, for attendance at a ry school by your dependent children less than 18 years of age. cumentation of your actual expenses, and you must explain the ble and necessary and not already accounted for in the IRS	private or public ele You must provide y why the amount cla	ementary or your case trustee	\$

<sup>\*</sup>Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

39	www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) You must demonstrate that the additional					\$
40	<b>Continued charitable contributions.</b> Enter the amount that you will continue to contribute in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. § 170(c)(1)-(2).					
41	Total Additional Expense Deductions under § 707(b). Enter the total of Lines 34 through 40					
Subpart C: Deductions for Debt Payment						
	<b>Future payments on secured claims.</b> For each of your debts that is secured by an interest in property that you own, list the name of the creditor, identify the property securing the debt, state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts scheduled as contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total of the Average Monthly Payments on Line 42.					ne
42		Name of Creditor	Property Securing the Debt	Average Monthly Payment	Does payment include taxes or insurance?	
	a.			\$	□ yes □ no	
	b.			\$	□ yes □ no	
	c.			\$	□ yes □ no	
				Total: Add Lines a, b and c.		\$
Other payments on secured claims. If any of debts listed in Line 42 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 42, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page.  Name of Property Securing the Debt 1/60th of the Cure Amount Creditor				or		
	a.			\$		
	b.			\$		
	c.			Total: Add Line	og a h and a	\$
	Pavma	ents on prepetition	nriority claims. Enter the total amount	•	,	
44	Payments on prepetition priority claims. Enter the total amount, divided by 60, of all priority claims, such as priority tax, child support and alimony claims, for which you were liable at the time of your bankruptcy filing. Do not include current obligations, such as those set out in Line 28.					

b 22A (ОІ	nciai roi	III 22A) (Chapter 7) (04/13)			
		ter 13 administrative expenses. If you are eligible to file a case under chaping chart, multiply the amount in line a by the amount in line b, and enter these.			
	a.	Projected average monthly chapter 13 plan payment.	\$		
45	b.	Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)	x		
	c.	Average monthly administrative expense of chapter 13 case	Total: Multiply Lines	¢	
46	Total	Deductions for Debt Payment. Enter the total of Lines 42 through 45.	a and b	\$ \$	
40	Total	Subpart D: Total Deductions from Incom	10	Ψ	
47	Total	of all deductions allowed under § 707(b)(2). Enter the total of Lines 33, 4		\$	
47	Total			Ψ	
		Part VI. DETERMINATION OF § 707(b)(2) PRES	SUMPTION	T	
48		the amount from Line 18 (Current monthly income for § 707(b)(2))		\$	
49		the amount from Line 47 (Total of all deductions allowed under § 707(I	, , ,,	\$	
50		hly disposable income under § 707(b)(2). Subtract Line 49 from Line 48 at		\$	
51	<b>60-month disposable income under § 707(b)(2).</b> Multiply the amount in Line 50 by the number 60 and enter the result.				
		<b>presumption determination.</b> Check the applicable box and proceed as directions.			
	of	the amount on Line 51 is less than \$7,475*. Check the box for "The presum f this statement, and complete the verification in Part VIII. Do not complete	the remainder of Part VI.		
52	The amount set forth on Line 51 is more than \$12,475*. Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII. Do not complete the remainder of Part VI.				
		te amount on Line 51 is at least \$7,475*, but not more than \$12,475*. Co 3 through 55).	mplete the remainder of Pa	rt VI (Lines	
53	Enter	the amount of your total non-priority unsecured debt		\$	
54	Thres	hold debt payment amount. Multiply the amount in Line 53 by the numbe	r 0.25 and enter the result.	\$	
		dary presumption determination. Check the applicable box and proceed a			
55		the amount on Line 51 is less than the amount on Line 54. Check the box for the top of page 1 of this statement, and complete the verification in Part VIII.	or "The presumption does	not arise" at	
	☐ The amount on Line 51 is equal to or greater than the amount on Line 54. Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VIII.				
		Part VII: ADDITIONAL EXPENSE CLA	IMS		
	and we	<b>Expenses.</b> List and describe any monthly expenses, not otherwise stated in elfare of you and your family and that you contend should be an additional of e under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate monthly expense for each item. Total the expenses.	leduction from your curren	monthly	
56		Expense Description	Monthly Amount		
	a.		\$		
	b.		\$ \$	_	
	<u> </u>	Total: Add Lines a, b and c	\$		
		Town. That Emiles a, o and c	<del>-</del>		

<sup>\*</sup>Amounts are subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

	Part VIII: VERIFICATION					
	I declare under penalty of perjury that the informa both debtors must sign.)	tion provided in this statement is true and correct. (If this is a joint case,				
57	Date:	Signature:(Debtor)				
	Date:	Signature:(Joint Debtor, if any)				