Fill in this informati	on to identify y	our case:				
Debtor 1						
First Name Debtor 2	f	Middle Name	Last Name			
(Spouse, if filing) First Name	;	Middle Name	Last Name			
United States Bankrupto	cy Court for the: _	District o	f			
Case number						
(If known)					☐ Check if this is	s an amended filing
						J
O(;;) E	4000.0					
Official Form	122C-2	-				
Chapter 13	3 Calcul	ation of \	Your Dispo	sable Incon	ne	04/19
To fill out this form, y			y of Chapter 13 State	ement of Your Current I	Monthly Income and (Calculation of
		•	ed people are filing t	ogether, both are equal	ly responsible for bei	ng accurate. If
more space is neede top of any additional	•			e number to which the a	additional information	applies. On the
top of any additional	pages, write yo	our manne and case	indiliber (il kilowii).			
			_			
Part 1: Calcula	ite Your Dedu	ictions from You	ır Income			
				ls for certain expense a line using the link speci		mounts
instructions for the	his form. This in	nformation may als	so be available at the	bankruptcy clerk's offi	ice.	
· ·		~	-	expense. In later parts of	•	
-		-		nclude any operating exp any amounts that you su	-	
spouse's income in	line 13 of Form	122C-1.		,	ŕ	
If your expenses di	iffer from month	to month, enter the	average expense.			
Note: Line number	s 1-4 are not use	ed in this form. Thes	se numbers apply to in	formation required by a s	imilar form used in cha	apter 7 cases.
		• • • • • • • • • • • • • • • • • • • •	ur deductions from i			
			d as exemptions on yo ents whom you suppo]
		of people in your ho		•		
National	You must u	use the IRS Nationa	ıl Standards to answei	the questions in lines 6-	7.	
Standards				•		
			ber of people you ento ng, and other items.	ered in line 5 and the IRS	National	\$
·		·				
-		-		u entered in line 5 and the umber of people is split in		
categories-p	eople who are u	nder 65 and people	who are 65 or older-	because older people hav	ve a higher IRS	
	health care cost ount on line 22.	is. if your actual exp	penses are higher than	n this IRS amount, you ma	ay deduct the	

			payment	,			
			\$ \$				
		9b. Total average monthly payme	+ \$ ent \$	Copy here	-\$	Repeat this amount —— on line 33a.	
	9c. Net	t mortgage or rent expense.					
		btract line 9b (<i>total average monthly payn</i> of expense). If this number is less than \$0,		a (mortgage or	\$	Copy here -	\$
10.	the calcula Explain	m that the U.S. Trustee Program's divisation of your monthly expenses, fill in a				correct and affects	\$
	why:						

1	First Name	Middle Name La	st Name			Case number	(if known)	
Loca	al transporta	tion expenses: Check	the numbe	r of vehicles for whicl	n you claim a	an ownership	o or operating expense.	
]] [1. Go to	line 14. line 12. re. Go to line 12.						
		on expense: Using the II ne Operating Costs that					h you claim the operating area.	\$
each	n vehicle belo	nip or lease expense: Univ. You may not claim the or leaim the expense	e expense	e if you do not make a				
Vel	hicle 1	Describe Vehicle 1:						
13a.	Ownership	or leasing costs using IR	S Local St	tandard		\$		
13b.	Do not inclu	onthly payment for all de de costs for leased vehi the average monthly pa	cles.	·				
	add all amo	unts that are contractual ne 60 months after you f	ly due to e	each secured				
	Name of ea	ach creditor for Vehicle 1		Average monthly payment				
				* + \$				
		Total average monthly p	payment	\$	Copy here	- \$	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	\$
Vel	hicle 2	Describe Vehicle 2:						
13d.	Ownership of	or leasing costs using IR	S Local St	andard		\$		
13e.	ū	nthly payment for all del ude costs for leased veh		d by Vehicle 2.				
	Name of ea	ach creditor for Vehicle 2		Average monthly payment				
		Total average monthly	payment	+ \$	Copy here	- \$	Repeat this amount on line 33c.	
13f.		2 ownership or lease exe 13e from 13d. If this no		ess than \$0, enter \$0.		\$	Copy net Vehicle 2 expense here	\$
		ation expense: If you o					ndards, fill in the <i>Public</i>	\$
dedu	uct a public tr		ou may fill	in what you believe i			ou claim that you may also se, but you may not claim	\$

r 1 First Name	Middle Name Last Name Case	e number (if known)				
Other Necessary Expenses	In addition to the expense deductions listed above, you are allowed following IRS categories.	your monthly expenses for the				
self-employment ta from your pay for the refund by 12 and so	onthly amount that you actually pay for federal, state and local taxes, sizes, social security taxes, and Medicare taxes. You may include the mosese taxes. However, if you expect to receive a tax refund, you must divibtract that number from the total monthly amount that is withheld to passestate, sales, or use taxes.	onthly amount withheld vide the expected				
. Involuntary deduction dues, and un	tions: The total monthly payroll deductions that your job requires, such form costs.	n as retirement contributions,				
Do not include amo	unts that are not required by your job, such as voluntary 401(k) contrib	utions or payroll savings.				
together, include pa	total monthly premiums that you pay for your own term life insurance. yments that you make for your spouse's term life insurance.					
Do not include prer life insurance other	niums for life insurance on your dependents, for a non-filing spouse's lit than term.	fe insurance, or for any form of \$				
	ments: The total monthly amount that you pay as required by the orde busal or child support payments.	er of a court or administrative				
Do not include pay	nents on past due obligations for spousal or child support. You will list	these obligations in line 35.				
. Education: The tot ■ as a condition fo	al monthly amount that you pay for education that is either required: your job, or	\$_				
■ for your physical	y or mentally challenged dependent child if no public education is avail	able for similar services.				
	I monthly amount that you pay for childcare, such as babysitting, dayon nents for any elementary or secondary school education.	are, nursery, and preschool.				
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 healt	insurance or health savings accounts should be listed only in line 25.	\$				
for you and your de phone service, to the income, if it is not no Do not include pays	es and telephone services: The total monthly amount that you pay for pendents, such as pagers, call waiting, caller identification, special long e extent necessary for your health and welfare or that of your depended imbursed by your employer. The pendents for basic home telephone, internet or cell phone service. Do not in those reported on line 5 of Form 122C-1, or any amount you previously.	g distance, or business cell ents or for the production of + \$ include self-employment				
4. Add all of the exp Add lines 6 through	nses allowed under the IRS expense allowances. 23.	\$				
Additional Expense Deductions	These are additional deductions allowed by the Means Test. Note: Do not include any expense allowances listed in lines 6-2	24.				
	disability insurance, and health savings account expenses. The m insurance, and health savings accounts that are reasonably necessar					
Health insurance	\$					
Disability insurance	<u> </u>					
Health savings acc	· 					
Total	·	\$ <u></u>				
	and this total amount?	<u> </u>				
☐ No. How much	do you actually spend?					
 Yes Continuing contriction continue to pay for your household or 	s butions to the care of household or family members. The actual mother reasonable and necessary care and support of an elderly, chronical number of your immediate family who is unable to pay for such expenses to an account of a qualified ABLE program. 26 U.S.C. § 529A(b).	ally ill, or disabled member of				

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.

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

r 1	First Name Middle Name Last Name		Case	e number (if known)					
If yo then You	Additional home energy costs. Your home energy costs are included in your insurance and operating expenses on line 8. If you believe that you have home energy costs that are more than the home energy costs included in expenses on line 8, then fill in the excess amount of home energy costs. You must give your case trustee documentation of your actual expenses, and you must show that the additional amount claimed is reasonable and necessary.								
than priva You	Education expenses for dependent children who are younger than 18. The monthly expenses (not more than \$170.83* 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. You must give your case trustee documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in lines 6-23.								
* Sı	ubject to adjustment on 4/01/22, and every	3 years after that for cases	begun on or af	ter the date of adjust	ment.				
than than To fi instr	litional food and clothing expense. The mathematic the combined food and clothing allowances in the food and clothing allowances. The food and clothing allowances in the food and clothing allowances in the food and clothing allowances.	s in the IRS National Stand the IRS National Standard allowance, go online usin available at the bankrupto	lards. That amo s. g the link specif cy clerk's office.	unt cannot be more	es are higher	\$			
instr	. Continuing charitable contributions. The amount that you will continue to contribute in the form of cash or financial instruments to a religious or charitable organization. 11 U.S.C. § 548(d)(3) and (4). Do not include any amount more than 15% of your gross monthly income.								
	all of the additional expense deductions lines 25 through 31.	3.				\$			
Doduc	ctions for Debt Payment								
loar	debts that are secured by an interest in ns, and other secured debt, fill in lines 33 alculate the total average monthly payment	a through 33e.							
	ach secured creditor in the 60 months after			Average monthly payment					
Мо	rtgages on your home			payment					
33a	a. Copy line 9b here			\$					
Loa	ans on your first two vehicles								
	o. Copy line 13b here		→	\$					
				-					
	c. Copy line 13e here		→	\$					
33d	d. List other secured debts:								
	Name of each creditor for other secured debt	Identify property that secures the debt	Does payment include taxes or insurance?						
			□ No □ Yes	\$					
			□ No □ Yes	\$					
			□ No	+ \$					
			_ 🗖 Yes	- Ψ					
					Copy total				

ı	ast	N	la	m	Р

34.	Are any debts that you listed in line 33 secured by your primary residence, a vehicle, or other property necessar	у
	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 <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

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

\$_____

х ____

\$_____ 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......+\$

Deb	tor 1	First Name	Middle Name	Last Name		Case n	umber (if known)			
Par	rt 2:			able Income Under	11 U.S.C. § 1325	(b)(2)				
	Сору уог	ur total curre	nt monthly inc	ome from line 14 of Fo	rm 122C-1, Chapter	13			\$	
	Fill in any children. disability received i	y reasonably The monthly payments for a	necessary inc average of any a dependent ch	ome you receive for su child support payments, ild, reported in Part I of I nonbankruptcy law to the	upport for depender foster care payments Form 122C-1, that yo	nt s, or u	\$			
41.	1. Fill in all qualified retirement deductions. 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	all deductions	s allowed unde	er 11 U.S.C. § 707(b)(2)	(A). Copy line 38 here	e +	\$			
43.	expenses and their	and you have expenses. Yo	e no reasonable u must give you	s. If special circumstance alternative, describe the case trustee a detailed tion for the expenses.	e special circumstand	ces				
	Describe	the special cir	cumstances		Amount of expense					
					\$					
					\$					
				Total	+ \$ \$	Copy here +	\$	-		
44.	Total adj	ustments . Ad	d lines 40 throu	ıgh 43			\$	Copy here →	- \$	
45.	Calculate	your month	ly disposable i	ncome under § 1325(b)(2). Subtract line 44	from line 39			\$	
Pa	rt 3:	Change in	Income or E	Expenses						
46.	or are virt open, fill i 122C-1 in	ually certain to n the informaton the first colur	o change after t	e income in Form 122C- he date you filed your be example, if the wages re in the second column, e ncrease.	ankruptcy petition and ported increased after	d during the er you filed y	time your case wi	ll be k		
	Form	Line	Reason for cha	inge	Date of change	Increase decrease		of change		
	☐ 122C—					☐ Increa	Ψ			
	122C-					☐ Increa	J)			
	☐ 122C-					☐ Increa	J)			
	☐ 122C-					☐ Increa	Ð			

Debtor 1			Case number (if known)					
	First Name	Middle Name	Last Name					
Part 4:	Sign Belo	w						
By signing h	ere, under pe	nalty of perjury yo	u declare that the	e information on this statement and in any attachments is true and correct.				
44	•							
X				×				
Signature	of Debtor 1			Signature of Debtor 2				
Date		_		Date				
MM	DD / YYY	Y		MM / DD / YYYY				