B 22C (Official Form 22C) (Chapter 13) (04/13)

In re

Debtor(s)

Case Number:

(If known)

According to the calculations required by this statement: The applicable commitment period is 3 years. Disposable income is determined under § 1325(b)(3). Disposable income is not determined under § 1325(b)(3). (Check the boxes as directed in Lines 17 and 23 of this statement.)

## CHAPTER 13 STATEMENT OF CURRENT MONTHLY INCOME AND CALCULATION OF COMMITMENT PERIOD AND DISPOSABLE INCOME

In addition to Schedules I and J, this statement must be completed by every individual chapter 13 debtor, whether or not filing jointly. Joint debtors may complete one statement only.

Part I. REPORT OF INCOME								
1	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 2-10. b. Married. Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 2-10.							
	six cal before	ures must reflect average monthly income receive endar months prior to filing the bankruptcy case, of the filing. If the amount of monthly income varies the six-month total by six, and enter the result on	e Column A Debtor's Income	Column B Spouse's Income				
2	Gross	wages, salary, tips, bonuses, overtime, commiss	sions.	\$	\$			
3	Incom and en busine Do not entere							
	a.	Gross receipts	\$					
	b.	Ordinary and necessary business expenses	\$					
	c.	Business income	Subtract Line b from Line a	\$	\$			
	in the	and other real property income. Subtract Line b appropriate column(s) of Line 4. Do not enter a n art of the operating expenses entered on Line b	umber less than zero. Do not includ					
4	a.	Gross receipts	\$					
	b.	Ordinary and necessary operating expenses	\$					
	c.	Rent and other real property income	Subtract Line b from Line a	\$	\$			
5	Intere	st, dividends, and royalties.		\$	\$			
6	Pension and retirement income.				\$			
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 the debtor's spouse. 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.					\$			

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8	<b>Unemployment compensation.</b> Enter the a However, if you contend that unemploymen was a benefit under the Social Security Act, Column A or B, but instead state the amoun					
	Unemployment compensation claimed to be a benefit under the Social Security Act	Debtor \$	Spouse \$		\$	\$
<ul> <li>Income from all other sources. Specify source and amount. If necessary, list additional sources on a separate page. Total and enter on Line 9. Do not include alimony or separate maintenance payments paid by your spouse, but include all other payments of alimony separate maintenance. Do not include any benefits received under the Social Security Act payments received as a victim of a war crime, crime against humanity, or as a victim of international or domestic terrorism.</li> </ul>						
	a.		\$			
	b.		\$		\$	\$
10	<b>Subtotal.</b> Add Lines 2 thru 9 in Column A, through 9 in Column B. Enter the total(s).	and, if Column B is co	ompleted, add Lines	\$ 2	\$	\$
11	<b>Total.</b> If Column B has been completed, add enter the total. If Column B has not been co A.				\$	
	Part II. CALCULATIO	ON OF § 1325(b)(4	) COMMITMI	ENT PEI	RIOD	
12	Enter the amount from Line 11.					\$
13	Marital adjustment. If you are married, but are not filing jointly with your spouse, AND if you contend that calculation of the commitment period under § 1325(b)(4) does not require inclusion of the income of your spouse, enter on Line 13 the amount of the income listed in Line 10, Column B that was NOT paid on a regular basis for the household expenses of you or your dependents and specify, in the lines below, the basis for excluding this 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 the conditions for entering this adjustment do not apply, enter zero.         a.       \$					
	b. c.		\$			
	Total and enter on Line 13.					\$
14	Subtract Line 13 from Line 12 and enter	the result.				\$
15	Annualized current monthly income for § 1325(b)(4). Multiply the amount from Line 14 by the number 12 and enter the result.					\$
16	Applicable median family income. Enter the median family income for applicable state and household size. (This information is available by family size at <u>www.usdoj.gov/ust/</u> or from the clerk of the bankruptcy court.)					
	a. Enter debtor's state of residence:	b. Enter c	ebtor's household s	size:		\$
	Application of § 1325(b)(4). Check the applicable box and proceed as directed.					
17	5 years at the top of page 1 of this statement and continue with this statement.					-
	<b>The amount on Line 15 is not less than</b> is 5 years" at the top of page 1 of this st				pplicable comn	nitment period
	Part III. APPLICATION OF § 132	25(b)(3) FOR DE	TERMINING I	DISPOSA	ABLE INCO	OME
18	Enter the amount from Line 11.					

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19								
	a.					\$		
	b.					\$		
	с.					\$		
	Total a	nd enter on Line 19.						\$
20	Curre	nt monthly income for § 1325(1	b)(3). Subtract	Line 19	from Line	18 and enter the re	esult.	\$
21		<b>lized current monthly income</b> ter the result.	for § 1325(b)(3	6). Mu	tiply the an	nount from Line 20	) by the number 12	\$
22	Applic	able median family income. Er	nter the amount	from L	ine 16.			\$
	Applic	ation of § 1325(b)(3). Check the	e applicable box	and p	roceed as di	irected.		
23	The amount on Line 21 is more than the amount on Line 22. Check the box for "Disposable income is determined by the second secon						nt. e is not	
		Part IV. CALCU	LATION OI	F DEI	DUCTIO	NS FROM INC	COME	
	•	Subpart A: Deductions	under Standa	ards o	of the Inte	ernal Revenue	Service (IRS)	
24A	A National Standards: food, apparel and services, housekeeping supplies, personal care, and miscellaneous. Enter in Line 24A the "Total" amount from IRS National Standards for Allowable Living Expenses for the applicable number of persons. (This information is available at <u>www.usdoj.gov/ust/</u> 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.					\$		
24B	<b>National Standards: health care.</b> 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 <u>www.usdoj.gov/ust/</u> 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 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 24B.							
	Perso	ons under 65 years of age		Pers	ons 65 year	s of age or older		
	a1.	Allowance per person		a2.	Allowanc	e per person		
	b1.	Number of persons		b2.	Number o	of persons		
	c1.	Subtotal		c2.	Subtotal			\$
25A	A <b>Local Standards: housing and utilities; non-mortgage expenses.</b> 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 <u>www.usdoj.gov/ust/</u> 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				\$			

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25B	<b>Local Standards: housing and utilities; mortgage/rent expense.</b> 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 <u>www.usdoj.gov/ust/</u> 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 47; subtract Line b from Line a and enter the result in Line 25B. <b>Do not enter an amount less than zero.</b>						
	a.	IRS Housing and Utilities Standards; mortgage/rent expense	\$				
	b.	Average Monthly Payment for any debts secured by your home, if any, as stated in Line 47	\$				
	c.	Net mortgage/rental expense	Subtract Line b from Line a.	\$			
26	and 25 Utilitie	Standards: housing and utilities; adjustment. If you contend that B does not accurately compute the allowance to which you are ent es Standards, enter any additional amount to which you contend yo contention in the space below:	itled under the IRS Housing and	\$			
27A	Local Standards: transportation; vehicle operation/public transportation expense. 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.         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 7. 0 1 1 2 or more.         If you checked 0, enter on Line 27A the "Public Transportation" 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="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)						
27B	<b>Local Standards: transportation; additional public transportation expense.</b> 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 27B the "Public Transportation" amount from IRS Local Standards: Transportation. (This amount is available at <u>www.usdoj.gov/ust/</u> or from the clerk of the bankruptcy court.)						
28							

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	<b>Local Standards: transportation ownership/lease expense; Vehicle 2.</b> Complete this Line only if you checked the "2 or more" Box in Line 28.						
29	Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at <u>www.usdoj.gov/ust/</u> 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 47; subtract Line b from Line a and enter the result in Line 29. <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 2, as stated in Line 47	\$				
	c.	Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a.	\$			
30	federa	<b>Necessary Expenses: taxes.</b> Enter the total average monthly expel, state, and local taxes, other than real estate and sales taxes, such a social-security taxes, and Medicare taxes. <b>Do not include real estate</b>	as income taxes, self-employment	\$			
31	Other Necessary Expenses: involuntary deductions for employment. Enter the total average monthly						
32	Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance.						
33	to pay	<b>Necessary Expenses: court-ordered payments.</b> Enter the total m pursuant to the order of a court or administrative agency, such as s <b>t include payments on past due obligations included in Line 49.</b>	pousal or child support payments.	\$			
34	34 <b>Other Necessary Expenses: education for employment or for a physically or mentally challenged child.</b> 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.						
35	Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on						
36	Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 24B. Do						
37	not include payments for health insurance or health savings accounts listed in Line 39.       \$         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.						
38	Total	Expenses Allowed under IRS Standards. Enter the total of Lines	24 through 37.	\$			
		Subpart B: Additional Living Expen					
	Note: Do not include any expenses that you have listed in Lines 24-37						

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	expens		ity Insurance, and Health Savi et out in lines a-c below that are				r
	a.	Health Insurance			\$		
39	b.	Disability Insurar	nce		\$	_	
	с.	Health Savings A	ccount		\$	_	
	Total a	nd enter on Line 39					¢
	Te			. 1.	. 1	1	\$
	space b		end this total amount, state you	ir actual to	ital average monthly	expenditures in the	
40	monthl elderly	y expenses that you v , chronically ill, or di	o the care of household or fan will continue to pay for the reas- isabled member of your househon nses. <b>Do not include payments</b>	onable and old or men	l necessary care and ber of your immedi	support of an	\$
41	actuall	y incur to maintain th	violence. Enter the total average the safety of your family under the . The nature of these expenses i	ne Family '	Violence Prevention	and Services Act or	r \$
42	Local S your c	Standards for Housin ase trustee with doc	the total average monthly amound g and Utilities that you actually umentation of your actual exp d is reasonable and necessary.	expend for penses, and	r home energy costs	. You must provide	\$
43	<b>Education expenses for dependent children under 18.</b> Enter the total average monthly expenses that you actually incur, not to exceed \$156.25 per child, for attendance at a private or public elementary or secondary						\$
44	Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is reasonable and necessary.						\$
45	<ul> <li>Charitable contributions. Enter the amount reasonably necessary for you to expend each month on charitable contributions in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. § 170(c)(1)-(2). Do not include any amount in excess of 15% of your gross monthly income.</li> </ul>						\$
46	Total A	Additional Expense	Deductions under § 707(b). En	nter the tot	al of Lines 39 throu	gh 45.	\$
			Subpart C: Deduction	ns for De	ebt 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 47.						
47		Name of Creditor	Property Securing the D	ebt	Average Monthly Payment	Does payment include taxes or insurance?	
	a.				\$	□ yes □ no	
	b. c.				\$\$	$\Box$ yes $\Box$ no $\Box$ yes $\Box$ no	
					Total: Add		
					Lines a, b, and c		\$

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48	<b>Other payments on secured claims.</b> If any of debts listed in Line 47 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 47, 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 Creditor	Property Securing the Debt	1/60th of the Cure Amount						
	a.			\$						
	а. b.			\$						
	с.			\$	\$					
				Total: Add Lines a, b, and c	\$					
49	as pri	ority tax, child support a	iority claims. Enter the total amount, di and alimony claims, for which you were nt obligations, such as those set out in	liable at the time of your bankruptcy	\$					
		oter 13 administrative et ting administrative exper	expenses. Multiply the amount in Line a nse.	by the amount in Line b, and enter the						
	a.	Projected average mon	thly chapter 13 plan payment.	\$						
50	b Current multiplier for your district of determined under									
				X						
	c.	Average monthly admi	nistrative expense of chapter 13 case	Total: Multiply Lines a and b	\$					
51	51Total Deductions for Debt Payment. Enter the total of Lines 47 through 50.									
			Subpart D: Total Deductions	Subpart D: Total Deductions from Income						
52	Total	of all deductions from	income. Enter the total of Lines 38, 46	, and 51.	\$					
52	Total			, and 51. INCOME UNDER § 1325(b)(2)	\$					
52 53	I	Part V. DETERM			\$					
	Total Supp disabi	Part V. DETERN I current monthly incom- port income. Enter the mility payments for a dependent	IINATION OF DISPOSABLE	INCOME UNDER § 1325(b)(2) ments, foster care payments, or received in accordance with applicable						
53	Total Supp disabi nonba Quali wages	Part V. DETERN I current monthly incor port income. Enter the m ility payments for a deper ankruptcy law, to the ext ified retirement deduct s as contributions for qua	<b>IINATION OF DISPOSABLE</b> <b>me.</b> Enter the amount from Line 20. nonthly average of any child support pay endent child, reported in Part I, that you tent reasonably necessary to be expende	INCOME UNDER § 1325(b)(2) ments, foster care payments, or received in accordance with applicable d for such child. mounts withheld by your employer from § 541(b)(7) and (b) all required	\$					
53	Total Supp disabi nonba Quali wages repay	Part V. DETERN I current monthly incor port income. Enter the m ility payments for a depe ankruptcy law, to the ext ified retirement deduct s as contributions for qua- ments of loans from reti	<b>MINATION OF DISPOSABLE</b> <b>me.</b> Enter the amount from Line 20. aonthly average of any child support pay endent child, reported in Part I, that you tent reasonably necessary to be expendent <b>tions.</b> Enter the monthly total of (a) all a alified retirement plans, as specified in § rement plans, as specified in § 362(b)(1)	INCOME UNDER § 1325(b)(2) ments, foster care payments, or received in accordance with applicable d for such child. mounts withheld by your employer from § 541(b)(7) and (b) all required 9).	\$					
53 54 55	Total Supp disabi nonba Quali wage: repay Total Dedu which a-c be Line : provi	Part V. DETERN I current monthly incom- port income. Enter the m ility payments for a depe- ankruptcy law, to the ext ified retirement deduct s as contributions for qua- ments of loans from reti- I of all deductions allow inction for special circum h there is no reasonable a elow. If necessary, list ac 57. You must provide 3	<b>MINATION OF DISPOSABLE</b> <b>me.</b> Enter the amount from Line 20. nonthly average of any child support pay endent child, reported in Part I, that you tent reasonably necessary to be expendent <b>tions.</b> Enter the monthly total of (a) all a alified retirement plans, as specified in § rement plans, as specified in § 362(b)(1) <b>wed under § 707(b)(2).</b> Enter the amoun <b>instances.</b> If there are special circumstar	INCOME UNDER § 1325(b)(2) ments, foster care payments, or received in accordance with applicable d for such child. mounts withheld by your employer from § 541(b)(7) and (b) all required 9). Int from Line 52. Inces that justify additional expenses for tances and the resulting expenses in lines al the expenses and enter the total in of these expenses and you must	\$ \$ \$ \$					
53 54 55	Total Supp disabi nonba Quali wage: repay Total Dedu which a-c be Line : provi	Part V. DETERN I current monthly incom- port income. Enter the m ility payments for a depe- ankruptcy law, to the ext ified retirement deduct is as contributions for qua- ments of loans from reti- I of all deductions allow inction for special circum in there is no reasonable a elow. If necessary, list ac 57. You must provide y ide a detailed explanationable.	<b>MNATION OF DISPOSABLE</b> <b>me.</b> Enter the amount from Line 20. nonthly average of any child support pay endent child, reported in Part I, that you tent reasonably necessary to be expendent <b>tions.</b> Enter the monthly total of (a) all a alified retirement plans, as specified in § rement plans, as specified in § 362(b)(1) <b>ved under § 707(b)(2).</b> Enter the amount <b>nstances.</b> If there are special circumstar alternative, describe the special circumstar alternative, describe the special circumstar ditional entries on a separate page. To <b>your case trustee with documentation</b> <b>on of the special circumstances that n</b>	INCOME UNDER § 1325(b)(2) ments, foster care payments, or received in accordance with applicable d for such child. mounts withheld by your employer from § 541(b)(7) and (b) all required 9). In the from Line 52. Inces that justify additional expenses for tances and the resulting expenses in lines all the expenses and enter the total in of these expenses and you must nake such expenses necessary and	\$ \$ \$ \$					
53 54 55 56	Total Supp disabi nonba Quali wage: repay Total Dedu which a-c be Line 2 provi reaso	Part V. DETERN I current monthly incom- port income. Enter the m ility payments for a depe- ankruptcy law, to the ext ified retirement deduct is as contributions for qua- ments of loans from reti- I of all deductions allow inction for special circum in there is no reasonable a elow. If necessary, list ac 57. You must provide y	<b>MNATION OF DISPOSABLE</b> <b>me.</b> Enter the amount from Line 20. nonthly average of any child support pay endent child, reported in Part I, that you tent reasonably necessary to be expendent <b>tions.</b> Enter the monthly total of (a) all a alified retirement plans, as specified in § rement plans, as specified in § 362(b)(1) <b>ved under § 707(b)(2).</b> Enter the amount <b>nstances.</b> If there are special circumstar alternative, describe the special circumstar alternative, describe the special circumstar ditional entries on a separate page. To <b>your case trustee with documentation</b> <b>on of the special circumstances that n</b>	INCOME UNDER § 1325(b)(2) ments, foster care payments, or received in accordance with applicable d for such child. mounts withheld by your employer from § 541(b)(7) and (b) all required 9). at from Line 52. Inces that justify additional expenses for tances and the resulting expenses in lines al the expenses and enter the total in of these expenses and you must nake such expenses Amount of expense	\$ \$ \$ \$					
53 54 55 56	Total Supp disabi nonba Quali wages repay Total Dedu which a-c be Line i provi reaso	Part V. DETERN I current monthly incom- port income. Enter the m ility payments for a depe- ankruptcy law, to the ext ified retirement deduct is as contributions for qua- ments of loans from reti- I of all deductions allow inction for special circum in there is no reasonable a elow. If necessary, list ac 57. You must provide y ide a detailed explanationable.	<b>MNATION OF DISPOSABLE</b> <b>me.</b> Enter the amount from Line 20. nonthly average of any child support pay endent child, reported in Part I, that you tent reasonably necessary to be expendent <b>tions.</b> Enter the monthly total of (a) all a alified retirement plans, as specified in § rement plans, as specified in § 362(b)(1) <b>ved under § 707(b)(2).</b> Enter the amount <b>nstances.</b> If there are special circumstar alternative, describe the special circumstar alternative, describe the special circumstar ditional entries on a separate page. To <b>your case trustee with documentation</b> <b>on of the special circumstances that n</b>	INCOME UNDER § 1325(b)(2) The ments, foster care payments, or received in accordance with applicable d for such child. mounts withheld by your employer from § 541(b)(7) and (b) all required 9). Int from Line 52. The form Line 52. The expenses and enter the total in the expenses and enter the total in the expenses and you must the such expenses necessary and Amount of expense \$	\$ \$ \$ \$					
53 54 55 56	Total Supp disabi nonba Quali wage: repay Total Dedu which a-c be Line 2 provi reaso	Part V. DETERN I current monthly incom- port income. Enter the m ility payments for a depe- ankruptcy law, to the ext ified retirement deduct is as contributions for qua- ments of loans from reti- I of all deductions allow inction for special circum in there is no reasonable a elow. If necessary, list ac 57. You must provide y ide a detailed explanationable.	<b>MNATION OF DISPOSABLE</b> <b>me.</b> Enter the amount from Line 20. nonthly average of any child support pay endent child, reported in Part I, that you tent reasonably necessary to be expendent <b>tions.</b> Enter the monthly total of (a) all a alified retirement plans, as specified in § rement plans, as specified in § 362(b)(1) <b>ved under § 707(b)(2).</b> Enter the amount <b>nstances.</b> If there are special circumstar alternative, describe the special circumstar alternative, describe the special circumstar ditional entries on a separate page. To <b>your case trustee with documentation</b> <b>on of the special circumstances that n</b>	INCOME UNDER § 1325(b)(2) The ments, foster care payments, or received in accordance with applicable d for such child. The mounts withheld by your employer from § 541(b)(7) and (b) all required 9). The from Line 52. The stat justify additional expenses for trances and the resulting expenses in lines al the expenses and enter the total in of these expenses and you must take such expenses necessary and Amount of expense \$ \$ \$	\$ \$ \$ \$					
53 54 55 56	Total Supp disabi nonba Quali wages repay Total Dedu which a-c be Line i provi reaso	Part V. DETERN I current monthly incom- port income. Enter the m ility payments for a depe- ankruptcy law, to the ext ified retirement deduct is as contributions for qua- ments of loans from reti- I of all deductions allow inction for special circum in there is no reasonable a elow. If necessary, list ac 57. You must provide y ide a detailed explanationable.	<b>MNATION OF DISPOSABLE</b> <b>me.</b> Enter the amount from Line 20. nonthly average of any child support pay endent child, reported in Part I, that you tent reasonably necessary to be expendent <b>tions.</b> Enter the monthly total of (a) all a alified retirement plans, as specified in § rement plans, as specified in § 362(b)(1) <b>ved under § 707(b)(2).</b> Enter the amount <b>nstances.</b> If there are special circumstar alternative, describe the special circumstar alternative, describe the special circumstar ditional entries on a separate page. To <b>your case trustee with documentation</b> <b>on of the special circumstances that n</b>	INCOME UNDER § 1325(b)(2) The ments, foster care payments, or received in accordance with applicable d for such child. mounts withheld by your employer from § 541(b)(7) and (b) all required 9). Int from Line 52. The form Line 52. The expenses and enter the total in the expenses and enter the total in the expenses and you must the such expenses necessary and Amount of expense \$	\$ \$ \$ \$					

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58	<b>Total adjustments to determine disposable income.</b> Add the amounts on Lines 54, 55, 56, and 57 and enter the result.							
59	<sup>59</sup> Monthly Disposable Income Under § 1325(b)(2). Subtract Line 58 from Line 53 and enter the result.							
	Part VI: ADDITIONAL EXPENSE CLAIMS							
60	Other Expenses. List and describe any monthly expenses, no and welfare of you and your family and that you contend sho income under § 707(b)(2)(A)(ii)(I). If necessary, list addition average monthly expense for each item. Total the expenses. Expense Description a. b.	uld be an additional deduction from your current         nal sources on a separate page. All figures should         Monthly Amount	monthly					
	с. 	\$	-					
	Total: Add	Lines a, b, and c \$						
	Part VII: VERI	FICATION						
	I declare under penalty of perjury that the information provid both debtors must sign.)	led in this statement is true and correct. (If this is	a joint case,					
61	Date:	Signature:						
	Date:	Signature:						