

In re _____

Case Number _____

STATEMENT OF MONTHLY INCOME AND EXPENSES

Debtor's Marital Status:	Dependents of Debtor and Spouse	
	Relationship(s):	Age(s):
	Debtor	Spouse
Occupation		
How long employed		
How often paid		
Name of Employer		
Employer Address		

MONTHLY INCOME

	<u>Debtor</u>	<u>Spouse</u>
1. Monthly gross wages/salary	_____	_____
2. Income from operation of business, profession, or farm (attach detailed statement)	_____	_____
3. Income from real property	_____	_____
4. Interest and dividends	_____	_____
5. Alimony	_____	_____
6. Child support	_____	_____
Social security or government assistance (specify):		
7. _____	_____	_____
8. Pension or retirement income	_____	_____
Other monthly income (specify):		
9. _____	_____	_____
10. _____	_____	_____
11. SUBTOTAL GROSS MONTHLY INCOME (lines 1 to 10)	_____	_____
LESS PAYROLL DEDUCTIONS:		
12. Payroll taxes (income, Social Security, and Medicare)	_____	_____
13. Health/dental/vision insurance	_____	_____
14. Health Savings Account	_____	_____
15. Life Insurance	_____	_____
Other insurance (specify):		
16. _____	_____	_____
17. Union Dues	_____	_____
18. Retirement contributions	_____	_____
19. 401(k) loan (Completion date: _____)	_____	_____
Other deductions from pay (except chapter 13 plan payment--see line 64)		
20. : _____	_____	_____
21. SUBTOTAL PAYROLL DEDUCTIONS (lines 12 to 20)	_____	_____
22. TOTAL NET MONTHLY TAKE-HOME PAY (line 11 - line 21)	_____	_____
23. COMBINED MONTHLY NET TAKE HOME	_____	

If you anticipate any significant changes during the remainder of your plan, please attach a separate statement.

MONTHLY EXPENSES

24. Food	_____	
25. Housekeeping supplies	_____	
26. Apparel & services	_____	
27. Personal care products & services; misc. household expenses	_____	
28. Subtotal Food, Clothing, and Other items: lines 24 to 27		_____
29. Health care not paid by insurance	_____	
30. Subtotal Out-of-Pocket Health Care: line 29		_____
31. Property taxes/insurance not included in mortgage payment	_____	
32. Home maintenance and repairs	_____	
33. Gas & Heating Oil	_____	
34. Electricity	_____	
35. Water	_____	
36. Garbage collection	_____	
37. Telephone/Cell Phone/Cable/Satellite	_____	
38. Internet (Necessary for production of income? Yes/No _____)	_____	
39. Subtotal Housing and Utilities (non-mortgage): lines 31 to 38		_____
40. Auto Maintenance and Repairs	_____	
41. Auto Insurance	_____	
42. Fuel	_____	
43. Registration(s), License(s), and Inspection(s)	_____	
44. Parking and Tolls	_____	
45. Subtotal Transportation (operating): lines 40 to 44		_____
46. Auto loan or lease payments made by you (not paid by the Trustee)	_____	
47. Subtotal Transportation (ownership): line 46		_____
48. Mortgage paid by you (not paid by the Trustee)	_____	
49. Rent paid by you	_____	
50. Charitable contributions	_____	
51. Insurance (not deducted from pay):		
52. Life	_____	
53. Health	_____	
54. Other (_____)	_____	
55. Alimony paid by you (not paid by the Trustee)	_____	
56. Child support paid by you (not paid by the Trustee)	_____	
57. Child care expenses	_____	
58. Education expenses for children under 18	_____	
59. Business, profession, or farm expenses (attach detailed statement)	_____	
60. Other expenses (_____)	_____	
61. Subtotal: lines 48 to 60		_____
62. COMBINED MONTHLY NET TAKE HOME (line 23 from the Monthly Income statement)		_____
63. SUBTOTAL MONTHLY EXPENSES (line 28 + line 30 + line 39 + line 45 + line 47 + line 61)		_____
64. CURRENT CHAPTER 13 PLAN PAYMENT (monthly amount)		_____
65. EXCESS OR SHORTAGE (line 62 - line 63 - line 64)		_____

I declare under penalty of perjury that the information provided in this statement is true and correct to the best of my knowledge, information, and reasonable belief.

Debtor 's signature

Debtor's name (printed)

Date

Joint Debtor 's signature

Joint Debtor's name (printed)

Date
