

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.

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Debtor 's signature

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Debtor's name (printed)

Date

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Joint Debtor 's signature

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Joint Debtor's name (printed)

Date

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