					•		
Fill in t	his information	to identify your case:					
Debtor 1		Made No.	LadNa				
Debtor 2	First Name	Middle Name	Last Name				
	if filing) First Name	Middle Name	Last Name				
United S	States Bankruptcy	Court for the:D	strict of				
Case nu (If known							
					]	☐ Check if this i	s an amended filing
Offici	ial Form 1	122C-2					
		Calculation (	of Your Di	sposabl	e Income	e	04/22
	•	u will need your complete		-			
	•	fficial Form 122C–1). curate as possible. If two	married neonle are	filing together	hoth are equally	resnonsible for be	ing accurate If
more sp	ace is needed,	attach a separate sheet to	this form. Include	the line numbe		•	•
top or ar	ny additional pa	ages, write your name and	i case number (ii ki	ilowii).			
Part 1:	Calculate	Your Deductions fron	n Your Income				
to ar	nswer the ques	ue Service (IRS) issues Na tions in lines 6-15. To find	the IRS standards,	, go online usin	g the link specifie	ed in the separate	nounts
		form. This information n	•	•	. •		
	•	amounts set out in lines 6-1 expenses if they are higher		•	•	•	
subtr	acted from incor	me in lines 5 and 6 of Form ne 13 of Form 122C–1.					
If you	ır expenses diffe	er from month to month, ent	er the average exper	nse.			
•	·	-4 are not used in this form			n required by a sim	ilar form used in cha	apter 7 cases.
				, ,	, ,		
		people used in determini er of people who could be o			ıl income tax		,
	return, plus the	number of any additional de	ependents whom you	•			
	be different from	n the number of people in y	our nousenoid.				]
Nat	tional	V (					
Sta	indards	You must use the IRS N	ational Standards to	answer the ques	Stions in lines 6-7.		
		and other items: Using the the dollar amount for food,			ne 5 and the IRS N	ational	\$
7. (	Out-of-pocket h	nealth care allowance: Usi	na the number of pe	ople vou entered	I in line 5 and the II	RS National	
	Standards, fill in	the dollar amount for out-o	f-pocket health care.	. The number of	people is split into	two	
		ple who are under 65 and pealth care costs. If your acture on line 22					

ret	ople who are under 65 years of age					
_	0.1.6.1.11.111.111	_				
	Out-of-pocket health care allowance per perso	on \$				
7b.	. Number of people who are under 65	X	1 0			
7c.	Subtotal. Multiply line 7a by line 7b.	\$	Copy here	\$		
Pe	eople who are 65 years of age or older					
7d.	. Out-of-pocket health care allowance per perso	on \$				
7e.	. Number of people who are 65 or older	x	_			
7f.	Subtotal. Multiply line 7d by line 7e.	\$	Copy here	+ \$		
7g. <b>Tot</b>	tal. Add lines 7c and 7f			. \$	Copy here	\$
ocal	You must use the IRS Local Standards to	answer the questions	in lines 8-	15.	_	
	information from the IRS, the U.S. Trustee P by purposes into two parts:	rogram has divided t	the IRS Lo	ocal Standard for	housing for	
•	ng and utilities – Insurance and operating exp	penses				
Housin	ng and utilities – Mortgage or rent expenses					
	r the questions in lines 8-9, use the U.S. Trus					
ecified i	in the separate instructions for this form. Th	is chart may also be	available	at the bankruptcy	Clerk's Office.	
	•	•				
Housin	in the separate instructions for this form. This grand utilities – Insurance and operating expending amount listed for your county for insurance	penses: Using the nur	nber of pe			\$
Housing in the d	g and utilities – Insurance and operating exp	penses: Using the nur	nber of pe			\$
Housing in the d	ng and utilities – Insurance and operating exp dollar amount listed for your county for insurance	penses: Using the nur e and operating expen- e 5, fill in the dollar am	nber of pe ses.			\$
Housing in the d	ag and utilities – Insurance and operating exp dollar amount listed for your county for insurance ag and utilities – Mortgage or rent expenses:  Using the number of people you entered in line	penses: Using the nur e and operating expen e 5, fill in the dollar ame	nber of pe ses. ount			\$
Housing in the d	ng and utilities – Insurance and operating expendent amount listed for your county for insurance and utilities – Mortgage or rent expenses:  Using the number of people you entered in line listed for your county for mortgage or rent expenses.  Total average monthly payment for all mortgage	penses: Using the nur e and operating expenses, e 5, fill in the dollar ame enses. les and other debts se ont, add all amounts tha	nber of pe ses. ount cured by			\$
Housing in the d	ag and utilities – Insurance and operating expendible amount listed for your county for insurance and additional amount listed for your county for insurance and additional amount listed for your and people you entered in line listed for your county for mortgage or rent expenses.  Total average monthly payment for all mortgag your home.  To calculate the total average monthly payment contractually due to each secured creditor in the	penses: Using the nur e and operating expenses, e 5, fill in the dollar ame enses. les and other debts se ont, add all amounts tha	nber of pe ses. ount cured by			\$
Housing in the d	ag and utilities – Insurance and operating expendible amount listed for your county for insurance and amount listed for your county for insurance and and utilities – Mortgage or rent expenses:  Using the number of people you entered in line listed for your county for mortgage or rent expenses. Total average monthly payment for all mortgag your home.  To calculate the total average monthly payment contractually due to each secured creditor in the for bankruptcy. Next divide by 60.	penses: Using the nur e and operating expen- e 5, fill in the dollar am- enses. les and other debts se ent, add all amounts that he 60 months after you	nber of pe ses. ount cured by			\$
Housing in the d	ag and utilities – Insurance and operating expendible amount listed for your county for insurance and amount listed for your county for insurance and and utilities – Mortgage or rent expenses:  Using the number of people you entered in line listed for your county for mortgage or rent expenses. Total average monthly payment for all mortgag your home.  To calculate the total average monthly payment contractually due to each secured creditor in the for bankruptcy. Next divide by 60.	penses: Using the nur e and operating expen- e 5, fill in the dollar am- enses. les and other debts se ent, add all amounts that he 60 months after you	nber of pe ses. ount cured by			\$
Housing in the d	ag and utilities – Insurance and operating expendible amount listed for your county for insurance and amount listed for your county for insurance and and utilities – Mortgage or rent expenses:  Using the number of people you entered in line listed for your county for mortgage or rent expenses. Total average monthly payment for all mortgag your home.  To calculate the total average monthly payment contractually due to each secured creditor in the for bankruptcy. Next divide by 60.	penses: Using the nur e and operating expen- e 5, fill in the dollar am- enses. les and other debts se ent, add all amounts that he 60 months after you	nber of pe ses. ount cured by			\$
Housing in the d	ag and utilities – Insurance and operating expendible amount listed for your county for insurance and amount listed for your county for insurance and and utilities – Mortgage or rent expenses:  Using the number of people you entered in line listed for your county for mortgage or rent expenses. Total average monthly payment for all mortgag your home.  To calculate the total average monthly payment contractually due to each secured creditor in the for bankruptcy. Next divide by 60.	penses: Using the nur e and operating expen- e 5, fill in the dollar ame enses. les and other debts se nt, add all amounts tha ne 60 months after you  Average monthly payment  \$ \$ \$  + \$	nber of pe ses. ount cured by			\$
Housing in the d	ag and utilities – Insurance and operating expedibilities – Mortgage or rent expenses:  Using the number of people you entered in line listed for your county for mortgage or rent expenses.  Total average monthly payment for all mortgag your home.  To calculate the total average monthly payment contractually due to each secured creditor in the for bankruptcy. Next divide by 60.  Name of the creditor  9b. Total average monthly payment	penses: Using the nur e and operating expen- e 5, fill in the dollar ame enses. les and other debts se nt, add all amounts tha ne 60 months after you  Average monthly payment  \$ \$ \$  + \$	nber of pe ses.  ount  cured by  at are  u file		Repeat this amount	\$
Housing in the d	ng and utilities – Insurance and operating expedollar amount listed for your county for insurance and and utilities – Mortgage or rent expenses:  Using the number of people you entered in line listed for your county for mortgage or rent expenses.  Total average monthly payment for all mortgag your home.  To calculate the total average monthly payment contractually due to each secured creditor in the for bankruptcy. Next divide by 60.  Name of the creditor	penses: Using the nur e and operating expen- e 5, fill in the dollar ame enses. les and other debts se nt, add all amounts that ne 60 months after you  Average monthly payment  \$	ount cured by at are u file  Copy here		Repeat this amount	\$
Housin in the d Housin 9a. 9b.	ag and utilities – Insurance and operating expedible amount listed for your county for insurance and amount listed for your county for insurance and amount listed for your county for mortgage or rent expenses:  Using the number of people you entered in line listed for your county for mortgage or rent expense.  Total average monthly payment for all mortgag your home.  To calculate the total average monthly paymer contractually due to each secured creditor in the for bankruptcy. Next divide by 60.  Name of the creditor  9b. Total average monthly payment.  Net mortgage or rent expense.  Subtract line 9b (total average monthly payment rent expense). If this number is less than \$0, en	penses: Using the nur e and operating expen- e 5, fill in the dollar ame enses. les and other debts se ent, add all amounts that he 60 months after you  Average monthly payment  \$	ount cured by at are u file  Copy here	ssssssss	Repeat this amount on line 33a.  Copy here	\$
Housing 9a. 9b.	ag and utilities – Insurance and operating expedibilities – Mortgage or rent expenses:  Using the number of people you entered in line listed for your county for mortgage or rent expenses:  Total average monthly payment for all mortgag your home.  To calculate the total average monthly payment contractually due to each secured creditor in the for bankruptcy. Next divide by 60.  Name of the creditor  9b. Total average monthly payment  Net mortgage or rent expense.  Subtract line 9b (total average monthly payment)	penses: Using the nur e and operating expen- e 5, fill in the dollar ame enses. les and other debts se nt, add all amounts that ne 60 months after you  Average monthly payment  \$	copy here	\$srhousing is inco	Repeat this amount on line 33a.  Copy here	\$ \$

1	First Name	Middle Name La	st Name	<del></del>		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	<b>-</b> \$	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 o	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	<b>+</b> \$	Copy here	<b>-</b> \$	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	· <del></del>				
Total	·	\$ <u></u>			
	and this total amount?	<u> </u>			
☐ No. How much	do you actually spend?				
<ul> <li>Yes</li> <li>Continuing contriction continue to pay for your household or</li> </ul>	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.

1	First Name Middle Name Last Name		Case	e number (if known)			
3. Additional home energy costs. Your home energy costs are included in your insurance and operating expenses on line 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							
	imed is reasonable and necessary.	Toryour detail experieds, t	and you must of	iow and and dadagon	a amount		
9. Education expenses for dependent children who are younger than 18. The monthly expenses (not more than \$189.58* 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.							
* 5	Subject to adjustment on 4/01/25, and every	3 years after that for cases	begun on or aff	ter the date of adjus	tment.		
tha tha To inst	Iditional food and clothing expense. The name the combined food and clothing allowance in 5% of the food and clothing allowances in find a chart showing the maximum additional tructions for this form. This chart may also be unust show that the additional amount clain	s in the IRS National Stand the IRS National Standard Il allowance, go online usin e available at the bankrupto	lards. That amo s. g the link specifi cy clerk's office.	unt cannot be more	es are higher	\$	
inst	ontinuing charitable contributions. The am truments to a religious or charitable organiza not include any amount more than 15% of y	ation. 11 U.S.C. § 548(d)(3)		the form of cash or	financial	+ \$	
	ld all of the additional expense deduction: d lines 25 through 31.	s.				\$	
Jadu	actions for Debt Payment						
loa	r debts that are secured by an interest in ans, and other secured debt, fill in lines 3 calculate the total average monthly payment	3a through 33e.	-		•		
to e	each secured creditor in the 60 months after	you file for bankruptcy. The	en divide by 60.	Average monthly payment			
M	ortgages on your home						
33	Ba. Copy line 9b here			\$			
Lo	oans on your first two vehicles						
33	3b. Copy line 13b here		→	\$			
33	3c. Copy line 13e here		<b>&gt;</b>	\$			
	3d. 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 preceived is	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	upport for depender foster care payments Form 122C-1, that yo	nt s, or u	\$				
41.	1. <b>Fill in all qualified retirement deductions.</b> 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 <b>+</b>	\$				
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	<b>ustments</b> . 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				