Fill in this information to identify your case:								
Debtor 1								
	First Name	Middle Name	Last Name					
Debtor 2								
(Spouse, if filing)	First Name	Middle Name	Last Name					
United States E								
Case number (If known)								

# Check one box only as directed in this form and in Form 122A-1Supp:

- □ 1. There is no presumption of abuse.
- 2. The calculation to determine if a presumption of abuse applies will be made under Chapter 7 Means Test Calculation (Official Form 122A–2).
- 3. The Means Test does not apply now because of qualified military service but it could apply later.

Check if this is an amended filing

## Official Form 122A-1

### **Chapter 7 Statement of Your Current Monthly Income**

#### 12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file *Statement of Exemption from Presumption of Abuse Under § 707(b)(2)* (Official Form 122A-1Supp) with this form.

#### Part 1: Calculate Your Current Monthly Income

1. What is your marital and filing status? Check one only.

Not married. Fill out Column A, lines 2-11.

A married and your spouse is filing with you. Fill out both Columns A and B, lines 2-11.

Arried and your spouse is NOT filing with you. You and your spouse are:

Living in the same household and are not legally separated. Fill out both Columns A and B, lines 2-11.

Living separately or are legally separated. Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C. § 707(b)(7)(B).

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

					Column A Debtor 1	Column B Debtor 2 or non-filing spouse	
2.	Your gross wages, salary, tips, bonuses, overtime, ar (before all payroll deductions).	nd commiss	ions		\$	\$	
3.	Alimony and maintenance payments. Do not include pa Column B is filled in.	ayments fror	m a spouse if		\$	\$	
4.	All amounts from any source which are regularly paid of you or your dependents, including child support. In from an unmarried partner, members of your household, and roommates. Include regular contributions from a spot filled in. Do not include payments you listed on line 3.	nclude regul your depend	ar contributio lents, parents	ns s,	\$	\$	
5.	Net income from operating a business, profession, or farm	Debtor 1	Debtor 2				
	Gross receipts (before all deductions)	\$	\$				
	Ordinary and necessary operating expenses	- \$	- \$				
	Net monthly income from a business, profession, or farm	\$	\$	Copy here➔	\$	\$	
6.	Net income from rental and other real property	Debtor 1	Debtor 2				
	Gross receipts (before all deductions)	\$	\$				
	Ordinary and necessary operating expenses	- \$	- \$				
	Net monthly income from rental or other real property	\$	\$	Copy here	\$	\$	
7.	Interest, dividends, and royalties				\$	\$	

btor 1	Case number (if know	/n)	
First Name Middle Name Last Name			
	Column A Debtor 1	Column B Debtor 2 or non-filing spouse	
Unemployment compensation	\$	\$	
Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here:			
For you \$			
For your spouse			
<b>Pension or retirement income.</b> Do not include any amount received that was a benefit under the Social Security Act.	\$	\$	
D. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments receive as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below.	ed		
	\$	\$	
	\$	\$	
Total amounts from separate pages, if any.	+ \$	+ \$	
			]
1. <b>Calculate your total current monthly income.</b> Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.	\$	+	=
	· ·		Total current
art 2: Determine Whether the Means Test Applies to You			monthly income
art 2: Determine Whether the Means Test Applies to You			
2. Calculate your current monthly income for the year. Follow these steps:		_	
12a. Copy your total current monthly income from line 11.		Copy line 11 here 🗲	\$
Multiply by 12 (the number of months in a year).			<b>x</b> 12
12b. The result is your annual income for this part of the form.		12b.	\$
3. Calculate the median family income that applies to you. Follow these steps:			
Fill in the state in which you live.			
Fill in the number of people in your household.		_	
Fill in the median family income for your state and size of household.			\$
To find a list of applicable median income amounts, go online using the link specified in instructions for this form. This list may also be available at the bankruptcy clerk's office	n the separate	L	
A. How do the lines compare?			
14a. Line 12b is less than or equal to line 13. On the top of page 1, check box 1, <i>T</i> . Go to Part 3.	here is no presump	otion of abuse.	
14b. Line 12b is more than line 13. On the top of page 1, check box 2, <i>The presum</i> Go to Part 3 and fill out Form 122A–2.	ption of abuse is a	letermined by Form 122	A-2.
art 3: Sign Below			
By signing here, I declare under penalty of perjury that the information on this	statement and in a	ny attachments is true ar	nd correct.
x x			
··· ···	ignature of Debtor 2		
, , , , , , , , , , , , , , , , , , ,			
Date DD / YYYY	MM / DD / YY	YY	
If you checked line 14a, do NOT fill out or file Form 122A-2.			
If you checked line 14b, fill out Form 122A–2 and file it with this form.			