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 I	Bankruptcy Court for the:	District of			
Case number (If known)					

Check if this is an amended filing

## Official Form 122C-2

## **Chapter 13 Calculation of Your Disposable Income**

04/16

To fill out this form, you will need your completed copy of Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period (Official Form 122C–1).

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).

## Part 1: Calculate Your Deductions from Your Income

The Internal Revenue Service (IRS) issues National and Local Standards for certain expense amounts. Use these amounts to answer the questions in lines 6-15. To find the IRS standards, go online using the link specified in the separate instructions for this form. This information may also be available at the bankruptcy clerk's office. Deduct the expense amounts set out in lines 6-15 regardless of your actual expense. In later parts of the form, you will use some of your actual expenses if they are higher than the standards. Do not include any operating expenses that you							
some of your actual expenses if they are higher than the standards. Do not include any operating expenses that you subtracted from income in lines 5 and 6 of Form 122C–1, and do not deduct any amounts that you subtracted from your spouse's income in line 13 of Form 122C–1.							
If your expenses differ from month to month, enter the average expense.							
Note: Line numbers 1-4 are not used in this form. These numbers apply to information required by a similar form used in chapter 7 cases.							
5. The number of people used in determining your deductions from income Fill in the number of people who could be claimed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support. This number may be different from the number of people in your household.							
National StandardsYou must use the IRS National Standards to answer the questions in lines 6-7.							
<ol> <li>Food, clothing, and other items: Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for food, clothing, and other items.</li> </ol>							
7. Out-of-pocket health care allowance: Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for out-of-pocket health care. The number of people is split into two categories—people who are under 65 and people who are 65 or older—because older people have a higher IRS allowance for health care costs. If your actual expenses are higher than this IRS amount, you may deduct the additional amount on line 22.							

			wa umda	65 years	of age							
Р	eople	e who a	are unde	oo yeuro	J							
7	′a. Ou	ut-of-po	cket hea	th care all	owance per p	erson \$						
7	′b. Nu	umber o	of people	who are u	nder 65	x		_				
7	′c. Su	ubtotal.	Multiply I	ne 7a by l	line 7b.	\$		Copy here➔	\$			
	Peopl	le who	are 65 y	ears of ag	ge or older							
7	′d. Ou	ut-of-po	cket hea	th care all	owance per p	erson \$						
7	′e. Nu	umber o	of people	who are 6	5 or older	X						
7	′f. Su	ubtotal.	Multiply I	ne 7d by l	line 7e.	\$		Copy here➔	+ \$		_	
7g. <b>T</b> e	otal. A	Add line	es 7c and	7f					. \$		Copy here ➔	\$
.ocal Standa	rds	You r	nust use	the IRS Lo	ocal Standard	s to answer the	questions	in lines 8-	15.			
					e U.S. Truste	ee Program has	divided t	he IRS Lo	ocal Standard	l for h	ousing for	
	• •	-	es into tw	•	nd operating	0×200200						
	-				nd operating r rent expens	-						
						Trustee Progra						
						Trustee Progra . This chart ma						
ecified Housi	d in th ing ar	he sepa nd utili	arate ins ties – Ins	urance a	for this form		<b>y also be</b> and the num	available	at the bankru	uptcy	clerk's office.	\$
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ecified Housi in the Housi	<b>d in th</b> ing ar dollar ing ar 9a. Usi	he sepa nd utili ar amou nd utili	arate ins ties – Ins nt listed f ties – Mo number o	ructions urance a or your co rtgage or	for this form nd operating unty for insura r rent expens	. This chart ma expenses: Usin ance and operat ses: h line 5, fill in the	y also be and the num ing expension	available aber of pe ses.	at the bankru	uptcy	clerk's office.	\$
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ecified Housi in the Housi	d in th ing an dollar ing an Ja. Usi list Jb. Tot you To cor	he sepa nd utili ar amou nd utili sing the ted for tal aver but home o calcula ontractus r bankru	arate ins ties – Ins nt listed f ties – Mo number o your cour age mon e. ate the to ally due t	ructions urance a or your co rtgage or f people y ty for mor hly payme al average b each sed t divide b	for this form nd operating unty for insura r rent expens you entered in tgage or rent ent for all mor e monthly pay cured creditor	. This chart ma expenses: Usin ance and operat ess: h line 5, fill in the expenses. tgages and othe yment, add all ar in the 60 month	y also be an ong the num ing expense dollar amount r debts see nounts tha s after you e monthly	available aber of pe ses. bunt cured by t are	at the bankro	uptcy	clerk's office.	\$
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Housi in the Housi 9 9	d in th ing an e dollar ing an Da. Usi listr Db. Tot. you To cor for	he sepa nd utili ar amou nd utili sing the ted for ted for tal aver our home calcula ontractuar r bankru Name et mortga btract li	arate ins ties – Ins nt listed f ties – Mo number of your cour age mon e. ate the to ally due t uptcy. Ne of the cro 9b. Tota age or re ne 9b ( <i>to</i>	ructions urance a or your co rtgage or f people y ty for mor hly payme al average ceach sec t divide b ditor average a average	for this form nd operating unty for insura r rent expens you entered in tgage or rent ent for all mor e monthly pays cured creditor y 60. monthly payn e.	This chart mains of expenses: Using ance and operation operations of the series of the	y also be and the numing the numing expense dollar amounts that is after your the monthly	available aber of pe ses. bunt cured by t are i file Copy here→	at the bankro	uptcy	clerk's office. line 5, fill Repeat this amount	\$
Pecified Housi in the Housi 9 9 9 9 9 0 . If you the c	d in the ing an e dollar ing an Da. Usi list Db. Tot you To cor for	he sepa nd utili ar amou nd utili sing the ted for y tal aver but a ver but a ve	arate ins ties – Ins nt listed f ties – Mo number of your cour rage mon e. ate the to ally due t uptcy. Ne of the cro 9b. Tota age or re ne 9b ( <i>to</i> rse). If th the U.S.	ructions urance a or your co rtgage or f people y ty for mor hly payme al average ceach see t divide b ditor ditor average a average at expense a average s number	for this form nd operating unty for insura r rent expens you entered in tgage or rent ent for all mor e monthly pays cured creditor y 60. monthly paym e. e monthly paym e. e monthly paym e. erogram's div	This chart mains of expenses: Using ance and operation operations of the series of the	y also be and the numing the numing expense dollar amounts that is after your and the monthly at	available aber of pe ses. bunt cured by t are file Copy here→ age or andard fo	at the bankru ople you enter \$ 	red in	clerk's office. line 5, fill Repeat this amount on line 33a.	\$ \$

Middle Name Last Name

expenses, fil	ration expense: Using the IRS Loca I in the Operating Costs that apply for					\$
each vehicle	ership or lease expense: Using the below. You may not claim the expense for more may not claim the expense for more	nse if you do not make a				
Vehicle 1	Describe Vehicle 1:			· · · · · · · · · · · · · · · · · · ·		
3a. Owner	ship or leasing costs using IRS Loca	I Standard		\$		
-	e monthly payment for all debts sec include costs for leased vehicles.	ured by Vehicle 1.				
add all	ulate the average monthly payment amounts that are contractually due t r in the 60 months after you file for b	to each secured				
Name	of each creditor for Vehicle 1	Average monthly payment				
		\$ + s				
	Total average monthly paymen		Copy here →	\$	Repeat this amount on line 33b.	
	hicle 1 ownership or lease expense ct line 13b from line 13a. If this numb	per is less than \$0, enter	\$0	\$	Copy net Vehicle 1 expense here	\$
Vehicle 2	Describe Vehicle 2:					
13d. Owners	ship or leasing costs using IRS Loca	Standard		\$		
0	e monthly payment for all debts secu include costs for leased vehicles.	ured by Vehicle 2.		·		
Name	of each creditor for Vehicle 2	Average monthly payment				
		\$ + \$				
	Total average monthly payme	nt	Copy here <del>→</del>	\$	Repeat this amount on line 33c.	
	hicle 2 ownership or lease expense			\$	Copy net Vehicle 2 expense here	¢

Debtor	1					Case number (if P	known)	
	Other N Expens	First Name	In addition to following IRS		eductions listed	above, you are allowed your mon	thly expenses for the	
	Taxes self-e from y refund	s: The total m mployment ta your pay for th d by 12 and s	ionthly amount th ixes, social secur nese taxes. Howe	at you actually ity taxes, and N ever, if you expo per from the tota	Aedicare taxes. Yect to receive a t	state and local taxes, such as inc fou may include the monthly amo ax refund, you must divide the ex nt that is withheld to pay for taxes	ount withheld spected	\$
17.		u <b>ntary dedu</b> dues, and ur		monthly payroll	l deductions that	your job requires, such as retirer	nent contributions,	
	Do no	ot include amo	ounts that are not	required by yo	our job, such as v	oluntary 401(k) contributions or p	ayroll savings.	\$
18.	togeth	ner, include p	ayments that you	make for your	spouse's term li			
		ot include prei surance othei		arance on your	dependents, for	a non-filing spouse's life insurand	ce, or for any form of	\$
19.			yments: The tota bousal or child su			as required by the order of a cour	t or administrative	\$
	Do no	ot include pay	ments on past du	e obligations fo	or spousal or chi	d support. You will list these oblig	gations in line 35.	
20.	∎ as	a condition fo	r your job, or	, , ,		at is either required:		\$
	■ for	your physical	ly or mentally cha	allenged depen	dent child if no p	ublic education is available for sin	milar services.	
21.			al monthly amour ments for any ele			ch as babysitting, daycare, nurse ducation.	ry, and preschool.	\$
22.	requir	ed for the he	alth and welfare of	of you or your d	ependents and t	he monthly amount that you pay that is not reimbursed by insurance I entered in line 7.		
		-	•			e listed only in line 25.		\$
23.	for yo phone incom Do no	u and your de e service, to t ne, if it is not r ot include pay	ependents, such a he extent necess eimbursed by you ments for basic h	as pagers, call ary for your hea ur employer. ome telephone	waiting, caller id alth and welfare e, internet or cell	amount that you pay for telecomn entification, special long distance or that of your dependents or for phone service. Do not include se amount you previously deducted	, or business cell the production of lf-employment	+ \$
24.		all of the exp nes 6 through	enses allowed u n 23.	inder the IRS e	expense allowa	nces.		\$
	dditio educt	nal Expense ions				d by the Means Test. ances listed in lines 6-24.		
25.	insura					ount expenses. The monthly exp e reasonably necessary for yours		
	Healt	h insurance		\$	5			
	Disat	ility insuranc	e	\$				
		h savings aco		+ \$	 5			
	Total	-		\$		Copy total here →		\$
	Do yo	ou actually sp	end this total amo	unt?				
	-		do you actually s	pend?				
			, , -	\$				
26.	contir your l	nue to pay for household or	the reasonable a member of your i	and necessary of mmediate fami	care and suppor ly who is unable	embers. The actual monthly expe of an elderly, chronically ill, or di to pay for such expenses. These 6 U.S.C. § 529A(b).	sabled member of	\$
27.	you a	nd your famil		ly Violence Pre	vention and Ser	onthly expenses that you incur to vices Act or other federal laws tha ial.		\$

28. Additional home energy costs. Your home e	energy costs are included in	your insurance	and operating expe	nses on line 8	
If you believe that you have home energy cost then fill in the excess amount of home energy	s that are more than the hor costs.	me energy costs	included in expens	es on line 8,	\$
You must give your case trustee documentatic claimed is reasonable and necessary.	on of your actual expenses,	and you must sł	now that the addition	al amount	
<ol> <li>Education expenses for dependent children than \$160.42* per child) that you pay for your private or public elementary or secondary school</li> </ol>	dependent children who are			da	\$
You must give your case trustee documentation claimed is reasonable and necessary and not			plain why the amou	int	
* Subject to adjustment on 4/01/19, and every	/ 3 years after that for cases	begun on or af	ter the date of adjus	tment.	
<ol> <li>Additional food and clothing expense. The higher than the combined food and clothing all than 5% of the food and clothing allowances in</li> </ol>	lowances in the IRS Nationa	al Standards. Th			\$
To find a chart showing the maximum addition instructions for this form. This chart may also be					
You must show that the additional amount clai	imed is reasonable and nec	essary.			
<ol> <li>Continuing charitable contributions. The ar instruments to a religious or charitable organiz</li> </ol>			the form of cash or	financial	+ \$
Do not include any amount more than 15% of	your gross monthly income.				
<ol> <li>Add all of the additional expense deduction Add lines 25 through 31.</li> </ol>	ns.				\$
Deductions for Debt Payment					
33. For debts that are secured by an interest in loans, and other secured debt, fill in lines 3 To calculate the total average monthly paymen to each secured creditor in the 60 months after	<b>33a through 33e.</b> ht, add all amounts that are	contractually du		9	
	,,	<b>,</b>	Average monthly		
			payment		
Mortgages on your home		-			
33a. Copy line 9b here		→	\$		
Loans on your first two vehicles					
33b. Copy line 13b here.		→	\$		
33c. Copy line 13e here		→	\$		
33d. 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	\$		
			+ \$		
				Copy total	
33e. Total average monthly payment. Add line	es 33a through 33d		\$	here	\$

34	Are any	debts that you listed in line 3	3 secured by your prin	narv residence.	a vehicle, c	or other property nece	ssarv	
01		support or the support of you		iai y reeraenee,	a temere, e		,ooui y	
	🔲 No. (	Go to line 35.						
	Yes. S	State any amount that you mus possession of your property (ca	t pay to a creditor, in add lled the <i>cure amount</i> ). N	dition to the payn lext, divide by 60	nents listed and fill in th	in line 33, to keep ne 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	the filing	we any priority claims—such date of your bankruptcy cas Go to line 36. Fill in the total amount of all of t	e? 11 U.S.C. § 507.	not include curre	-	it are past due as of	-	
	(	ongoing priority claims, such as Total amount of all past-due pr	•			\$	÷ 60	\$
36	Projected	l monthly Chapter 13 plan pa	yment			\$		
	Office of t	nultiplier for your district as state he United States Courts (for dis itive Office for United States Tr	stricts in Alabama and N	lorth Carolina) or	by			
	specified	list of district multipliers that inc in the separate instructions for cy clerk's office.			k	x	_	
	Average r	nonthly administrative expense				\$	Copy total here➔	\$
37	. Add all o	f the deductions for debt pay	ment. Add lines 33e thro	ough 36.			[	\$
							-	
	Fotal Dedu	ctions from Income						
38	. Add all o	f the allowed deductions.						
	Copy line	24, All of the expenses allowed	l under IRS expense allo	owances		\$		
	Copy line	32, All of the additional expens	e deductions			\$		
	Copy line	37, All of the deductions for de	bt payment			+ \$		
	Total dedu	uctions				\$	Copy total here ➔	\$

Deb	otor 1	First Name	Middle Name	Last Name		Case number	(if known)	<b>.</b>	
		FISCINGINE		Last Name					
Pa	rt 2:	Determine	e Your Disposal	ble Income Under	11 U.S.C. § 1325	(b)(2)			
39.	Copy you Statemer	ur total curre nt of Your Cu	ent monthly incon urrent Monthly Inc	ne from line 14 of Fo come and Calculatio	orm 122C-1, Chapter on of Commitment Pe	13 eriod.			\$
40.	children. disability received i	The monthly payments for in accordance	average of any ch a dependent child	ild support payments , reported in Part I of onbankruptcy law to t	upport for dependen , foster care payments Form 122C-1, that yo he extent reasonably	s, or			
41.	employer specified	withheld fron in 11 U.S.C.	n wages as contrib	utions for qualified real I required repayments	of all amounts that yo tirement plans, as s of loans from retirem	¢			
42.	Total of a	all deduction	s allowed under	11 U.S.C. § 707(b)(2)	(A). Copy line 38 here	e			
43.	expenses and their	and you hav expenses. Yo	e no reasonable a ou must give your o	If special circumstance Iternative, describe th case trustee a detailed n for the expenses.	e special circumstanc	es			
	Describe	the special ci	rcumstances		Amount of expense				
					\$				
					\$				
				Total	+ \$ \$	Copy here			
44.	Total adj	ustments. Ad	dd lines 40 through	1 43			Сору Н	here 🗲	- \$
45.	Calculate	e your month	nly disposable inc	come under § 1325(b	<b>)(2).</b> Subtract line 44	from line 39.			\$
Pa	rt 3:	Change ii	n Income or Ex	penses					
46.	or are virt open, fill i 122C-1 ir	tually certain t in the informa in the first colu	to change after the ition below. For ex	e date you filed your b ample, if the wages re the second column, e	-1 or the expenses yo ankruptcy petition and eported increased after explain why the wages	d during the time yer you filed your p	our case will be etition, check		
	Form	Line	Reason for chang	je	Date of change	Increase or decrease?	Amount of chan	ige	
	<ul><li>122C-</li><li>122C-</li></ul>					Increase	\$	-	
	<ul><li>122C-</li><li>122C-</li></ul>					<ul><li>Increase</li><li>Decrease</li></ul>	\$	-	
	<ul><li>122C-</li><li>122C-</li></ul>					<ul><li>Increase</li><li>Decrease</li></ul>	\$	-	
	<ul><li>122C-</li><li>122C-</li></ul>					<ul><li>Increase</li><li>Decrease</li></ul>	\$	-	
L									

Debtor 1				Case number (if known)
	First Name	Middle Name	Last Name	
Part 4:	Sign Bel	w		
By signing he	ere, under pe	enalty of perjury	you declare that the in	formation on this statement and in any attachments is true and correct.
X				×
Signature of	of Debtor 1			Signature of Debtor 2
Date				Date
	DD / YYY	Ŷ		Date