Fill in this information to identify your case:	Check one only as directed in lines 1, 2, 3, or 17:					
Debtor 1	According to the calculations required by this Statement:					
First Name Middle Name Last Name	1. There is no presumption of abuse.					
Debtor 2 (Spouse, if filing) First Name Middle Name Last Name	2. The presumption of abuse is determined by					
United States Bankruptcy Court for the: District of(State)	Form 22A–2.					
Case number(If known)	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 22A–1						
Chapter 7 Statement of Your Current	Monthly Income 12/13					
Be as complete and accurate as possible. If two married people are filing too is needed, attach a separate sheet to this form. Include the line number to w pages, write your name and case number (if known).						
Part 1: Identify the Kind of Debts You Have						
 Are your debts primarily consumer debts? Consumer debts are defined in 19 personal, family, or household purpose." Make sure that your answer is consisted Petition (Official Form 1). 						
No. On the top of this page, check box 1, There is no presumption of abuse	Go to Part 5.					
☐ Yes						
Part 2: Determine Whether Military Service Provisions Apply to You	ı					
If you are filing this case jointly and any of the exclusions in Part 2 applies to Chapter 7 Statement of Your Current Monthly Income (Official Form 22A-1) if	o only one of you, the other person should complete a separate you believe that this is required by 11 U.S.C. § 707(b)(2)(C).					
2. Are you a disabled veteran (as defined in 38 U.S.C. § 3741(1))? □ No. Go to line 3.						
Yes. Did you incur debts mostly while you were on active duty or while you 11 U.S.C. § 101(d)(1)); 32 U.S.C. § 901(1)	were performing a homeland defense activity?					
No. Go to line 3.						
Yes. On the top of this page, check box 1, There is no presumption	n of abuseGo to Part 5.					
 Are you or have you been a Reservist or member of the National Guard? No. Go to Part 3. 						
Yes. Were you called to active duty or did you perform a homeland defense	e activity? 10 U.S.C. § 101(d)(1); 32 U.S.C. § 901(1)					
□ No. Go to Part 3.						
Yes. Check any one of the following categories that applies:						
☐ I was called to active duty after September 11, 2001, for at least 90 days and remain on active duty.	If you did not check any of these categories, go to Part 3.					
I was called to active duty after September 11, 2001, for at least 90 days and was released from active duty on, which is fewer than 540 days before I file	If you checked one of the categories, go to the top of this page. Check box 3, The Means Test does not apply now because of qualified military service but it could apply later; then go to Part 5.					
this bankruptcy case. I am performing a homeland defense activity for at least 90 days.	You are not required to fill out the rest of this form during the exclusion period. The exclusion period means the time you are on active duty or are performing a homeland defense activity, and for 540 days afterward. 11 U.S.C. § 707(b)(2)(D)(ii). If your exclusion					
☐ I performed a homeland defense activity for at least 90 days, ending on, which is fewer than 540 days before I file this bankruptcy case.	period ends before your case is closed, you may have to file an amended form later.					

Part 3: Calculate Your Current Monthly Income							
4. What is your marital and filing status? Check one only.							
Not married. Fill out Column A, lines 5-14.							
☐ Married and your spouse is filing with you. Fill out bo		5-14.					
Married and your spouse is NOT filing with you. You	•		15 " 54				
Living in the same household and are not legall							
Living separately or are legally separated. Fill out Column A, lines 5-14; 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 fro case. 11 U.S.C. § 101(10A). For example, if you are filing or amount of your monthly income varied during the 6 months, include any income amount more than once. For example, if column only. If you have nothing to report for any line, write	n September 15, the 6-mon add the income for all 6 mo f both spouses own the sam	nth period wo onths and div me rental pro	uld be March dide the total b	1 through August 31. y 6. Fill in the result.	If the Do not perty in one		
Your gross wages, salary, tips, bonuses, overtime, and opayroll deductions).	commissions (before all	\$_		\$	-		
6. Alimony and maintenance payments		\$_	· · · · · · · · · · · · · · · · · · ·	\$	-		
7. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Also, include regular contributions from a spouse if Column B is not filled in. Do not include payments you listed on line 6.				\$	-		
8. Net income from operating a business, profession, or fa	ırm						
Gross receipts (before all deductions)	\$						
Ordinary and necessary operating expenses	- \$						
Net monthly income from a business, profession, or farm	\$ Copy h	nere → \$_		\$	_		
Net income from rental and other real property Gross receipts (before all deductions)	\$						
Ordinary and necessary operating expenses	- \$						
Net monthly income from rental or other real property	\$ Copy h	here → \$		\$			
10. Interest, dividends, and royalties		\$_		\$	_		
1. Unemployment compensation \$							
Do not enter the amount if you contend that the amount rece the Social Security Act. Instead, list it here:		Ψ		1			
For you	\$						
For your spouse	\$						
 Pension or retirement income. Do not include any amount under the Social Security Act. 	t received that was a benefi	ît \$_		\$			
13. Income from all other sources not listed above. Specify t Do not include any benefits received under the Social Secur a victim of a war crime, a crime against humanity, or internal necessary, list other sources on a separate page and put the	rity Act or payments receive tional or domestic terrorism						
13a.		\$_		\$	-		
13b.		\$_		\$	_		
13c. Total amounts from separate pages, if any.		+ \$_		+ \$			
 Calculate your total current monthly income. Add lines 5 Then add the total for Column A to the total for Column B. 	through 13 for each column	ın. \$_		+ \$			
					Total current monthly income		

Debtor 1				Case number (if known)
	First Name	Middle Name	Last Name	

Part 4: Determine Whether the Means Test Applies to You								
15. Calculate your annual income using your total current monthly income from Part 3. Follow these steps:								
15a. Copy your total current monthly income from line 14	ia a							
Multiply by 12 (the number of months in a year).	x 12							
15b. The result is your annual income for this part of the form.	b. \$							
16. 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.	6. \$							
To find that information, either go to the Means Test information at http://www.justice.gov/ust/eo/bapcpa/meanstesting.htm ask for help at the clerk's office of the bankruptcy court.	or							
17. How do the lines compare?								
17a. Line 15b is less than or equal to line 16. On the top of page 1, check box 1, There is no presumption of abuse. Go to Part 5.)							
17b. Line 15b is more than line 16. On the top of page 1, check box 2, <i>The presumption of abuse is determined by Form 22A</i> –2. Go to Part 5 and fill out Form 22A–2.								
Part 5: Sign Here								
By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true a	nd correct.							
× ×								
Signature of Debtor 1 Signature of Debtor 2								
Date Date								
MM / DD / YYYY								
If you checked 17a, do NOT fill out or file Official Form 22A–2, Chapter 7 Means Test Calculation.								
If you checked line 17b, fill out Official Form 22A–2, Chapter 7 Means Test Calculation and file it with this form.								