

Section 5 - Current Income (Schedule I)

Part A. Debtor's Employer Information

Name and Address of your employer:

How long have you been employed at this job: _____

Occupation (please state job title or provide brief description): _____

Second employer (if applicable):

Name and Address of your **Second** employer:

How long have you been employed at this second job: _____

Occupation (please state job title or provide brief description): _____

Notes: _____

Part B. Joint Debtor's (Spouse's) Employer Information

Name and Address of your spouse's employer:

How long has spouse been employed at this job: _____

Occupation (please state job title or provide brief description): _____

Second employer (if applicable):

Name and Address of your spouse's **Second** employer:

How long has spouse been employed at this second job: _____

Occupation (please state job title or provide brief description): _____

Notes: _____

Part C. Debtor's Wage Information

What is the gross amount of your paycheck, before taxes/other deductions are taken out? _____

How often do you get paid? once a week every two weeks
 twice a month once a month other _____

What is your estimated overtime pay per month? _____

How much is taken out of each paycheck for taxes, Medicare, and social security? (combined total) _____

How much is taken out of each paycheck for Mandatory Contributions to Retirement? _____

How much is taken out of each paycheck for Voluntary Contributions to Retirement? _____

How much is taken out of each paycheck for Required Repayments of Retirement fund Loans? _____

How much is automatically deducted for insurance? _____

How much is taken out for Domestic Support Obligations? _____

How much is deducted for union dues? _____

Other Deduction (*describe*): _____

Other Deduction (*describe*): _____

Other Deduction (*describe*): _____

Do you receive income from business operations outside of your regular paycheck listed above?

No Yes

If **yes**, how much do you receive per month? _____

Do you receive income from interest or dividends outside of your regular paycheck listed above?

No Yes

If **yes**, how much do you receive per month? _____

Do you receive income from alimony or family support payments for your use or for the care of your dependents?

No Yes

If **yes**, how much do you receive per month? _____

Do you receive income from Unemployment?

No Yes

If **yes**, how much do you receive per month? _____

Do you receive income from Social Security?

No Yes

If **yes**, how much do you receive per month? _____

Do you receive monetary government assistance?

No Yes

If **yes**, please describe: _____

How much do you receive per month? _____

Do you receive retirement or pension money?

No Yes

If **yes**, how much do you receive per month? _____

Do you have any other source of income not listed?

No Yes

If **yes**, please describe _____

How much do you receive per month? _____

Are you expecting any increase or decrease in salary next year?

No Yes

If **yes**, please describe _____

Part D. Joint Debtor's (Spouse's) Wage Information

What is the gross amount of your paycheck, before taxes/other deductions are taken out? _____

How often do you get paid? once a week every two weeks
 twice a month once a month other _____

What is your estimated overtime pay per month? _____

How much is taken out of each paycheck for taxes, Medicare, and social security? (combined total) _____

How much is taken out of each paycheck for Mandatory Contributions to Retirement? _____

How much is taken out of each paycheck for Voluntary Contributions to Retirement? _____

How much is taken out of each paycheck for Required Repayments of Retirement fund Loans? _____

How much is automatically deducted for insurance? _____

How much is taken out for alimony or family support for the care of your dependents? _____

How much is deducted for union dues? _____

Other Deduction (*describe*): _____

Other Deduction (*describe*): _____

Other Deduction (*describe*): _____

Do you receive income from business operations outside of your regular paycheck listed above?

No Yes

If **yes**, how much do you receive per month? _____

Do you receive income from interest or dividends outside of your regular paycheck listed above?

No Yes

If **yes**, how much do you receive per month? _____

Do you receive income from alimony or family support payments for your use or for the care of your dependents?

No Yes

If **yes**, how much do you receive per month? _____

Do you receive income from Unemployment?

No Yes

If **yes**, how much do you receive per month? _____

Do you receive income from Social Security?

No Yes

If **yes**, how much do you receive per month? _____

Do you receive monetary government assistance?

No Yes

If **yes**, please describe: _____

How much do you receive per month? _____

Do you receive retirement or pension money?

No Yes

If **yes**, how much do you receive per month? _____

Do you have any other source of income not listed?

No Yes

If **yes**, please describe _____

How much do you receive per month? _____

Are you expecting any increase or decrease in salary next year?

No Yes

If **yes**, please describe _____

Part E. Debtor's Current Monthly Income Calculation

Fill in your monthly income for the categories below in the column labeled "Month 1." If your income for one of the below categories varies from month to month, complete the below chart by entering in your income for all six months.

	Month 1 (last month) /	Month 2 (2 months ago) /	Month 3 /	Month 4 /	Month 5 /	Month 6 /	For Office Use Only
Gross wages, salary, tips, bonuses, overtime, commissions.							
Income from operation of business: a. Gross Income - b. Expenses = c. Net Income.							
Rent and other real property income: a. Gross Income - b. Expenses = c. Net Income.							
Interest, dividends, and royalties.							
Pension and retirement income (NOT Social Security).							
Regular contributions from others to the household expenses, including child support.							
Unemployment Compensation.							
Social Security income.							
Other sources not already mentioned. Describe:							

Part F. Joint Debtor's (Spouse's) Current Monthly Income Calculation

Fill in your monthly income for the categories below in the column labeled "Month 1." If your income for one of the below categories varies from month to month, complete the below chart by entering in your income for all six months.

	Month 1 (last month) /	Month 2 (2 months ago) /	Month 3 /	Month 4 /	Month 5 /	Month 6 /	For Office Use Only
Gross wages, salary, tips, bonuses, overtime, commissions.							
Income from operation of business: a. Gross Income - b. Expenses = c. Net Income.							
Rent and other real property income: a. Gross Income - b. Expenses = c. Net Income.							
Interest, dividends, and royalties.							
Pension and retirement income (NOT Social Security).							
Regular contributions from others to the household expenses, including child support.							
Unemployment Compensation.							
Social Security income.							
Other sources not already mentioned. Describe:							

Section 6 - Current Expenses (Schedule J)

1. Is this a Joint Filing with your Spouse?

No Yes

2. Please list all dependents of you and your spouse with their age and relationship to you (if applicable).

Relationship	Age	Who does the dependent live with?
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you and your spouse live separately and maintain separate households? No Yes. If **yes**, please let your attorney know and they will have to provide you with an additional copy of this section to detail the expenses for the completely separate household.

The following questions ask for your expenses each month. If you are unsure of the amount you pay each month, but know the amount for a different period (per week, per day, every 2 months, etc.), write in the amount and the frequency that you pay the amount.

3. Do your expenses include another person's expenses other than yourself and your dependents?

No Yes

Indicate how much you pay for each item each month:

4. Primary rent or home mortgage: \$ _____
 Does that amount include real estate taxes?
 No Yes
 If **no**, how much do you pay? \$ _____
 Does that amount include property, homeowner's, or renter's insurance?
 No Yes
 If **no**, how much do you pay? \$ _____
 Does that amount include any home maintenance, repair, or upkeep expenses?
 No Yes
 If **no**, how much do you pay? \$ _____
 Does that amount include any homeowner's association or condominium dues?
 No Yes
 If **no**, how much do you pay? \$ _____
5. Are there additional mortgage payments? \$ _____
 No Yes
 If **yes**, how much do you pay? _____
6. Utilities: \$ _____
 a. Electricity and heating fuel: _____ \$ _____
 b. Water and sewer: _____ \$ _____
 c. Telephone service/long distance: _____ \$ _____
 d. Do you have any other utility bills? If **yes**, describe and enter monthly amount below:
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____
7. Food and housekeeping supplies _____ \$ _____

8.	Childcare and Children Education Costs	.....	\$	_____
9.	Clothing, laundry, and dry cleaning:	.....	\$	_____
10.	Personal care products and services:	.....	\$	_____
11.	Medical and dental expenses:	.....	\$	_____
12.	Transportation (do NOT include car payments):	.....	\$	_____
13.	Recreation,entertainment, newspapers, magazines, and books:	.....	\$	_____
14.	Charitable contributions and religious donations:	.....	\$	_____
15.	Insurance NOT deducted from wages or included in home mortgage payments or other real estate property expenses: (Do not include amounts entered in Line 4 or Line 20)			
	a. Life insurance:	.....	\$	_____
	b. Health insurance:	.....	\$	_____
	c. Auto insurance:	.....	\$	_____
	d. Other insurance (<i>describe and list monthly amount</i>):			
	_____		\$	_____
	_____		\$	_____
	_____		\$	_____
16.	Tax bills NOT deducted from wages or included in home mortgage payments or other real estate property expenses:			
	_____		\$	_____
	_____		\$	_____
	_____		\$	_____
17.	Installment payments for car, furniture, etc. (<i>Describe</i>):			
	_____		\$	_____
	_____		\$	_____
	_____		\$	_____
	_____		\$	_____
	_____		\$	_____
	_____		\$	_____
18.	Alimony, maintenance and support paid to others:	.....	\$	_____
19.	Payments for support of additional dependents not living at your home:	.....	\$	_____
20.	Other Real Estate Property expenses NOT included with Rent or Home Mortgage Property (Do not include amounts entered in Line 4 or Line 5)			
	a. Mortgage payment on other Real Estate Property		\$	_____
	b. Taxes on other Real Estate Property		\$	_____
	c. Other Real Property, Homeowner's, or Renter's Insurance payments		\$	_____
	d. Home maintenance (including repairs and upkeep)		\$	_____
	e. Homeowner's association or condominium dues		\$	_____
21.	Other expenses (<i>Describe</i>): (please see "Additional Expenses" below before putting anything here)			
	_____		\$	_____
	_____		\$	_____
	_____		\$	_____
	_____		\$	_____
	_____		\$	_____
	_____		\$	_____

Describe any increase or decrease in expenses you expect to occur within the next year?

Due to the nature of the Federal Bankruptcy forms there is a special separate category of expenses that needs to be filled out with some unusual numbering. Please ignore the numbering and fill out everything that you can below:

Additional Expenses (707(b) Expenses for Form 122)

- 17. Mandatory payroll deductions not already listed:

_____ \$ _____
_____ \$ _____
_____ \$ _____

- 19. Court ordered payments not already listed:

_____ \$ _____
_____ \$ _____
_____ \$ _____

- 20. Education for employment or for a physically or mentally challenged child: _____ \$ _____
- 21. Child care (*baby sitting, day care, nursery & preschool, etc.*): _____ \$ _____
- 25. Disability Insurance (*if not listed above*): _____ \$ _____
- Health Savings Account: _____ \$ _____
- 26. Care for elderly, chronically ill or disabled family members: _____ \$ _____
- 27. Protection from family violence: _____ \$ _____
- 29. Education expense for your children under 18: _____ \$ _____
- 41. (c13s) Non-mandatory contributions to retirement accounts (*including loan repayments*):

_____ \$ _____
_____ \$ _____
_____ \$ _____