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Fill	in this information to identify your	case:								
Del	otor 1 Larry Lewis	Larry Lewis								
	ebtor 2 pouse, if filing) Beverly A Lewis									
Uni	ted States Bankruptcy Court for the	e: NORTHERN DISTRIC	CT OF ILLINOIS							
Case number (If known)						Check if this is: ☐ An amended filing ☐ A supplement showing post-petition chapter 13 income as of the following date:				
Official Form B 6I						MM / DD/ YYYY				
S	chedule I: Your Inc	ome							12/13	
atta	use. If you are separated and yo ch a separate sheet to this form. Describe Employment information.	On the top of any additi				case number (if	known). A			
	If you have more than one job,		☐ Employed		■ Employed					
	attach a separate page with information about additional employers.	Employment status Occupation	■ Not employed				☐ Not employed			
	Include part-time, seasonal, or self-employed work.	Employer's name	Presence Health				h			
	Occupation may include student or homemaker, if it applies.	Employer's address				1000 Remington Blvd, Suite 110 Monee, IL 60449				
		How long employed to	here?							
Par	Give Details About Mo	nthly Income								
	mate monthly income as of the cuse unless you are separated.	late you file this form. If	you have nothing to r	eport for	any l	ine, write \$0 in the	space. In	clude your nor	n-filing	
	u or your non-filing spouse have me space, attach a separate sheet to		ombine the informatio	n for all	emplo	oyers for that perso	on on the li	ines below. If y	you need	
						For Debtor 1		btor 2 or ing spouse		
2.	List monthly gross wages, sale deductions). If not paid monthly,		2.	\$	0.00	\$	2,362.17			
3.	3. Estimate and list monthly overtime pay.			3.	+\$	0.00	+\$	0.00		
4.	Calculate gross Income. Add line 2 + line 3.			4.	\$	0.00	\$	2,362.17		