Cas	e 1-15-43	8934-cec Doc 1	Filed 08/	/27/15	Entered (08/27/15 13:06:1	.5
~ v							
		•					
Fill in this informat	tion to identify						
	tion to identify	your case:					
Debtor 1 Maksim		Middle Name	Zaslavskiy				
Debtor 2		·	Last Name				
(Spouse, if filing) First Nam		Middle Name	Last Name				
United States Bankrup	tcy Court for the:	Eastern District of New Yor.	k				
Case number (If known)					Check if		•
						nended filing plement showing post-	petition
official Form	D 61				chapt	er 13 income as of the	following date:
		_			MM / D	D/YYYY	
<u>cnedule</u>	: I: You	ur Income					12/13
you are separated	and vour spoi	ossible. If two married peo ou are married and not fili use is not filing with you, o top of any additional pag	ng jointly, and y do not include it	your spo nformati	use is living with	you, include information	about your spous
	- iviiii VII Ult	sop or any auditional pag	jes, write you r n	iaiile and	case number (if)	known). Answer every q	uestion.
Part 1: Descri	ibe Employn	ient			· 		
Fill in your emplo	yment		1 88° 3 5	ive type eg	Signal of the second		era jeda (bis a
information. If you have more to	han one ioh		Deptor 1			Debtor 2 or non-fili	ng spouse
attach a separate i	page with	Employment status	Employed	ı		Employed	•
employers.	additional		✓ Not emplo			Not employed	
include part-time, s self-employed work							
Occupation may in	nclude student	Occupation	Student				
or homemaker, if it	t applies.	Employer's name	NONE				
		Employer 3 hanne					
		Employer's address	Number Street			Newborn	
						Number Street	
							~
							· · · · · · · · · · · · · · · · · · ·
			City	State	ZIP Code	City	State ZIP Code
		How long employed there	e?	_			
		Monthly Income					
Estimate monthly spouse unless you	income as of are separated.	the date you file this form	. If you have noth	hing to re	port for any line, w	rite \$0 in the space. Includ	le your non-filing
If you or your non-fi	iling spouse ha	ive more than one employer tach a separate sheet to this	, combine the inf	formation	for all employers for	or that person on the lines	
				(-	For Debtor 1	For Debtor 2 or	
liet manthle				₹) •*****		non-filing spouse	
deductions). If not	ss wages, sala paid monthly,	ary, and commissions (before a calculate what the monthly well	ore all payroll wage would be.	2.	s 0.00	¢	
Estimate and list	monthly over	time pav.		3. +	\$ 0.00 \$ 0.00	э <u> </u>	
wild hot	y Over	о риу.		J. ↑	\$\$	T \$	
. Calculate gross i	ncome. Add lir	ne 2 + line 3.		<u> </u>	. 000	e e	

Case 1-15-43934-cec Doc 1 Filed 08/27/15 Entered 08/27/15 13:06:15

Maksim Debtor 1 Zaslavskiv Case number (if known) First Name Last Name For Debtor 1 For Debtor 2 or non-filing spouse 0.00 5. List all payroll deductions: 5a. Tax, Medicare, and Social Security deductions 0.00 5a. 5b. Mandatory contributions for retirement plans 0.00 5b. 5c. Voluntary contributions for retirement plans 0.00 5c. 0.00 5d. Required repayments of retirement fund loans 5d 5e. Insurance 0.00 5e. 5f. Domestic support obligations 0.00 5f. 0.00 5g. Union dues 5g. 5h. Other deductions. Specify: 0.00 5h. 6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g +5h. 0.00 6. 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 0.00 7. 8. List all other income regularly received: 8a. Net income from rental property and from operating a business, Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total 0.00 monthly net income. 8a 8b. Interest and dividends 0.00 8b. 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce 0.00 settlement, and property settlement. 8c. 8d. Unemployment compensation 0.00 8d. 8e. Social Security 0.00 8e. 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental 0.00 Nutrition Assistance Program) or housing subsidies. Specify: 8f. 8g. Pension or retirement income 0.00 8g. 8h. Other monthly income. Specify: 0 8h. 0.00 9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h. 0.00 10. Calculate monthly income. Add line 7 + line 9. 0.00 0.00 Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. 11. + \$ 0.00 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 0.00 12. Combined monthly income 13. Do you expect an increase or decrease within the year after you file this form? ✓ No. Yes. Explain:

Case 1-15-43934-cec Doc 1 Filed 08/27/15 Entered 08/27/15 13:06:15 Fill in this information to identify your case: Maksim Debtor 1 Check if this is: Middle Nam Debtor 2 An amended filing (Spouse, if filing) First Name Last Name A supplement showing post-petition chapter 13 United States Bankruptcy Court for the: Eastern District of New York expenses as of the following date: Case number MM / DD / YYYY A separate filing for Debtor 2 because Debtor 2 maintains a separate household Official Form B 6J Schedule J: Your Expenses 12/13 Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: **Describe Your Household** 1. Is this a joint case? No. Go to line 2. Yes. Does Debtor 2 live in a separate household? Yes. Debtor 2 must file a separate Schedule J. 2. Do you have dependents? **✓** No Dependent's relationship to Dependent's Does dependent live Do not list Debtor 1 and Yes. Fill out this information for Debtor 1 or Debtor 2 with you? age Debtor 2. each dependent..... Do not state the dependents' No names. Yes No Yes Nο Yes No Yes Nο Yes Do your expenses include _l No expenses of people other than yourself and your dependents? ✓ Yes **Estimate Your Ongoing Monthly Expenses** Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date. Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form B 6I.) Your expenses 4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot. 0.00 If not included in line 4: 0.00 Real estate taxes 4a.

Official Form B 6J

Property, homeowner's, or renter's insurance

Home maintenance, repair, and upkeep expenses

Homeowner's association or condominium dues

0.00

0.00

0.00

4b.

4c

4d.

Case 1-15-43934-cec Doc 1 Filed 08/27/15 Entered 08/27/15 13:06:15

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

ţ			Your expenses	
5.	Additional mortgage payments for your residence, such as home equity loans	5.	\$	0.00
6.	Utilities:			
:	6a. Electricity, heat, natural gas	6a.	\$	0.00
	6b. Water, sewer, garbage collection	6b.	\$	
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c.		50.00
	6d. Other. Specify:	6d.	\$	
7.	Food and housekeeping supplies	7.	\$	
8 .	Childcare and children's education costs	8.	\$	
9.	Clothing, laundry, and dry cleaning	9.	\$	
10.	Personal care products and services	10.	\$	
11.	Medical and dental expenses	11.	\$	0.00
12.	Transportation. Include gas, maintenance, bus or train fare.			
:	Do not include car payments.	12.	\$	30.00
13.	Entertainment, clubs, recreation, newspapers, magazines, and books	13.	\$	0.00
14.	Charitable contributions and religious donations	14.	\$	0.00
15.	Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.			
:	15a. Life insurance	45-	•	0.00
	15b. Health insurance	15a.	\$	0.00
•	15c. Vehicle insurance	15b.	\$	0.00
* 1 2	15d. Other insurance. Specify: 0	15c. 15d.	\$ \$	_0.00_ _0.00_
ŧ.		154.	Ψ	0.00
16.	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:	16.	\$	0.00
17.	Installment or lease payments:			
:	17a. Car payments for Vehicle 1	17a.	\$	0.00
decide of the	17b. Car payments for Vehicle 2	17b.	\$	0.00
	17c. Other. Specify:	17c.	\$	
ž.	17d. Other. Specify:	17d.	\$	
18,	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, <i>Schedule I, Your Income</i> (Official Form B 6I).	18.	\$	0.00
19.	Other payments you make to support others who do not live with you.			
,	Specify:	19.	\$	0.00
20.	Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Inc.	ome.		
· :	20a. Mortgages on other property	20a.	\$	0.00
	20b. Real estate taxes	20b.	\$	0.00
	20c. Property, homeowner's, or renter's insurance	20c.	\$	
	20d. Maintenance, repair, and upkeep expenses	20d.	\$	0.00
	20e. Homeowner's association or condominium dues	20e.	\$	0.00

Case 1-15-43934-cec Doc 1 Filed 08/27/15 Entered 08/27/15 13:06:15

ebtor 1	Maksim First Name	Middle Name	Zaslavskiy Last Name	Ca	se number (if known)	·	
. Other. S	Specify:	ome alla est comparishes, esp. seg.	100 - 10 m m m hi hi haddanna mushanad ka ki ka ka ka ya	N.C human, se. Cese encommunicating and see than	21.	+\$	Observativa in the state of the
2. Your monthly expenses. Add lines 4 through 21. The result is your monthly expenses.					22.	\$	80.00
Calculate	your monthly	net income.					
23a. Cor	by line 12 (your	combined mo	nthly income) from Schedul	le I.	23a.	\$	0.00
23b. Cop	by your monthly	expenses from	n line 22 above.		23b.	-\$	80.00
	otract your monti e result is your <i>n</i>		from your monthly income. ome.		23c.	\$	-80.00
For examp	ple, do you expe	ct to finish pa	se in your expenses withi ying for your car loan withir ase because of a modificat	n the year or do you expect	: your		
√ Yes.	Explain here:	hoping to	find a part time job du	urring my studdy			