Fill in this information to identify your case:			nly as directed in this form and in
Debtor 1 First Name Middle Name	Last Name	Form 122A-1Sup	p:
Debtor 2		'	presumption of abuse.
(Spouse, if filing) First Name Middle Name United States Bankruptcy Court for the: District of	Last Name	abuse applie	ion to determine if a presumption of es will be made under <i>Chapter 7</i> <i>Calculation</i> (Official Form 122A–2).
Case number(If known)	-	☐ 3. The Means	Test does not apply now because of itary service but it could apply later.
		Chack if this	is an amended filing
		Check ii tilis	is an amended filling
Official Form 122A—1			
Chapter 7 Statement of Your	Current Mont	hly Income	12/15
Be as complete and accurate as possible. If two married p space is needed, attach a separate sheet to this form. Incl additional pages, write your name and case number (if known on the primarily consumer debts or because of quality Abuse Under § 707(b)(2) (Official Form 122A-1Supp) with the Calculate Your Current Monthly Income	ude the line number to whicown). If you believe that you ifying military service, compthis form.	ch the additional information a	mation applies. On the top of any presumption of abuse because you
What is your marital and filing status? Check one only.			
Not married. Fill out Column A, lines 2-11.	hath Caluman A and D lines	0.44	
☐ Married and your spouse is filing with you. Fill out☐ Married and your spouse is NOT filing with you. Y		2-11.	
Living in the same household and are not leg		Columns A and B lines	2-11
Living separately or are legally separated. Fill under penalty of perjury that you and your spous spouse are living apart for reasons that do not in	I out Column A, lines 2-11; do se are legally separated under	o not fill out Column B. E r nonbankruptcy law tha	By checking this box, you declare It applies or that you and your
Fill in the average monthly income that you received bankruptcy case. 11 U.S.C. § 101(10A). For example, if August 31. If the amount of your monthly income varied of Fill in the result. Do not include any income amount more income from that property in one column only. If you have	you are filing on September during the 6 months, add the international that it is than once. For example, if both	15, the 6-month period ncome for all 6 months oth spouses own the sa	would be March 1 through and divide the total by 6.
		Column A Debtor 1	Column B Debtor 2 or non-filing spouse
Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).		\$	\$
Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.		\$	\$
4. All amounts from any source which are regularly paid of you or your dependents, including child support. It from an unmarried partner, members of your household, and roommates. Include regular contributions from a spo	nclude regular contributions your dependents, parents,	\$	\$
5. Net income from operating a business, profession, or farm	Debtor 1 Debtor 2		
Gross receipts (before all deductions)	\$		
Ordinary and necessary operating expenses	- \$		
Net monthly income from a business, profession, or farm	\$ \$here		\$
6. Net income from rental and other real property Gross receipts (before all deductions)	Debtor 1 Debtor 2 \$		
Ordinary and necessary operating expenses Net monthly income from rental or other real property	- \$ \$ Cop		¢
7. Interest, dividends, and royalties	\$ \$ her	e →	\$
· · · · · · · · · · · · · · · · · · ·		-	_

otor 1 First Name Middle Name Last Name	Case number (if kno	wn)	
riist Mairie - Milloule Mairie - Last Naffile	Column A Debtor 1	Column B Debtor 2 or non-filing spouse	
Unemployment compensation	\$	\$	
Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here:			
For you \$			
For your spouse\$			
Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act.	\$	\$	
D. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below.	ed		
	\$	\$	
	\$	\$	
Total amounts from separate pages, if any.	+\$	+ \$	
 Calculate your total current monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B. 	\$	+ \$	= \$Total current
Part 2: Determine Whether the Means Test Applies to You			monthly income
2. Calculate your current monthly income for the year. Follow these steps:			
12a. Copy your total current monthly income from line 11		Copy line 11 here	\$
Multiply by 12 (the number of months in a year).		_	x 12
12b. The result is your annual income for this part of the form.		12b.	\$
B. 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	n the separate	13.	\$
. How do the lines compare?			
14a. Line 12b is less than or equal to line 13. On the top of page 1, check box 1, 76 Go to Part 3.	here is no presum	ption of abuse.	
14b. Line 12b is more than line 13. On the top of page 1, check box 2, <i>The presum</i> Go to Part 3 and fill out Form 122A–2.	ption of abuse is o	determined by Form 122	4-2.
art 3: Sign Below			
By signing here, I declare under penalty of perjury that the information on this s	statement and in a	ny attachments is true a	nd correct.
x			
	ignature of Debtor 2		
Date D	MM / DD / Y	YYY	
If you checked line 14a, do NOT fill out or file Form 122A-2.			
If you checked line 14a, do NOT his out of the Form 122A-2.			