

# INCOME

Marital Status:  Single  Married  Divorced  Separated  Other: \_\_\_\_\_

*If you are unsure about an answer leave it blank!*

## Dependents

Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

*Do not repeat information you've entered on either the debtor or spouse form*

## Employment

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

How Long? \_\_\_\_\_

Address of Employer: \_\_\_\_\_

**Paycheck**  Weekly  Bi-Weekly  Semi-Monthly  Monthly

Gross Earnings .....	\$	_____
Overtime .....	\$	_____
<b>Total Earnings</b> .....	\$	_____
Federal withholding tax .....	\$	_____
Social Security (FICA) tax .....	\$	_____
Medicare tax .....	\$	_____
State withholding tax .....	\$	_____
Other city/municipal tax .....	\$	_____
Insurance .....	\$	_____
Union dues .....	\$	_____
Other deductions .....	\$	_____
<b>Net Paycheck</b> .....	\$	_____

## Other income (monthly)

Regular income from business or profession .....	\$	_____
Income from real property .....	\$	_____
Interest and dividends .....	\$	_____
Alimony, maintenance or support payments .....	\$	_____
Social Security or other government assistance:		
_____	\$	_____
Pension or retirement income .....	\$	_____
Other monthly income:		
_____	\$	_____
_____	\$	_____

*Describe any increase or decrease in income reasonably anticipated to occur within the next year.*

## Notes

# EXPENDITURES

Rent / home mortgage payment (include lot rented for mobile home) \$ \_\_\_\_\_

Are real estate taxes included?  Yes  No

Is property insurance included?  Yes  No

Utilities:

Electricity and heating fuel ..... \$ \_\_\_\_\_

Water and sewer ..... \$ \_\_\_\_\_

Telephone ..... \$ \_\_\_\_\_

Other: \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

Home maintenance (repairs and upkeep) ..... \$ \_\_\_\_\_

Food ..... \$ \_\_\_\_\_

Clothing ..... \$ \_\_\_\_\_

Laundry and dry cleaning ..... \$ \_\_\_\_\_

Medical and dental expenses ..... \$ \_\_\_\_\_

Transportation (not including car payments) ..... \$ \_\_\_\_\_

Recreation, clubs and entertainment, newspapers, magazines, etc ... \$ \_\_\_\_\_

Charitable contributions ..... \$ \_\_\_\_\_

Insurance (not deducted from wages or included in home mortgage)

Homeowner's or renter's ..... \$ \_\_\_\_\_

Life ..... \$ \_\_\_\_\_

Health ..... \$ \_\_\_\_\_

Auto ..... \$ \_\_\_\_\_

Other: \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

Taxes (not deducted from wages or included in home mortgage payments)

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

Installment payments (if a Chapter 13, do not list payments that will be included in the plan)

Auto ..... \$ \_\_\_\_\_

Other: \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

Alimony, maintenance, and support paid to others ..... \$ \_\_\_\_\_

Payments for support of additional dependents not living at home ... \$ \_\_\_\_\_

Regular expenses from operation of business, profession, or farm ... \$ \_\_\_\_\_

Other: \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

**If you are unsure about an answer leave it blank!**

*Enter your average monthly expenses. Prorate any payments made bi-weekly, semi-monthly, quarterly, semi-annually, or annually to show monthly rate.*

**If a joint petition is filed and your spouse maintains a separate household, complete another copy of this form and label it "spouse"**

## Notes

*Describe any increase or decrease in expenditures reasonably anticipated to occur within the next year.*