Fill in this information to identify your case:						
Debtor 1	First Name	Middle Name	Last Name			
Debtor 2 (Spouse, if filing)		Middle Name	Last Name			
	Bankruptcy Court for the:		_ District of			
Case number			(State)			
(If known)						

Check if this is an amended filing

## Official Form 22C–2

## **Chapter 13 Calculation of Your Disposable Income**

12/14

To fill out this form, you will need your completed copy of *Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period* (Official Form 22C–1).

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

## Part 1: Calculate Your Deductions from Your Income

The Internal Revenue Service (IRS) issues National and Local Standards for certain expense amounts. Use these amounts to answer the questions in lines 6-15. To find the IRS standards, go online using the link specified in the separate instructions for this form. This information may also be available at the bankruptcy clerk's office.
Deduct the expense amounts set out in lines 6-15 regardless of your actual expense. In later parts of the form, you will use some of your actual expenses if they are higher than the standards. Do not include any operating expenses that you subtracted from income in lines 5 and 6 of Form 22C–1, and do not deduct any amounts that you subtracted from your spouse's income in line 13 of Form 22C–1.
If your expenses differ from month to month, enter the average expense.
Note: Line numbers 1-4 are not used in this form. These numbers apply to information required by a similar form used in chapter 7 cases.
5. The number of people used in determining your deductions from income Fill in the number of people who could be claimed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support. This number may be different from the number of people in your household.
<b>National Standards</b> You must use the IRS National Standards to answer the questions in lines 6-7.
<ul> <li>Food, clothing, and other items: Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for food, clothing, and other items.</li> </ul>
7. Out-of-pocket health care allowance: Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for out-of-pocket health care. The number of people is split into two categories—people who are under 65 and people who are 65 or older—because older people have a higher IRS allowance for health care costs. If your actual expenses are higher than this IRS amount, you may deduct the additional amount on line 22.

Last Name

	People who are under 65 years of age					
	7a. Out-of-pocket health care allowance per person	\$				
	7b. Number of people who are under 65	X	т			
	7c. Subtotal. Multiply line 7a by line 7b.	\$	Copy line 7c here	\$		
	People who are 65 years of age or older					
	7d. Out-of-pocket health care allowance per person	\$				
	7e. Number of people who are 65 or older	X	-			
	7f. Subtotal. Multiply line 7d by line 7e.	\$	Copy line 7f here	+ \$		
7g	. Total. Add lines 7c and 7f			\$	Copy total here	\$
Local Stanc	Volumber use the IRS Local Standards to	answer the questions	in lines 8-15			
	d on information from the IRS, the U.S. Trustee Pro	ogram has divided th	e IRS Local	Standard for hou	ising for bankruptcy	purposes
	wo parts: using and utilities – Insurance and operating expe	enses				
	using and utilities – Mortgage or rent expenses					
	swer the questions in lines 8-9, use the U.S. Trust					
•	fied in the separate instructions for this form. This	·				
	using and utilities – Insurance and operating expension a dollar amount listed for your county for insurance an			e you entered in lin	e 5, fill in	\$
9. <b>Ho</b>	using and utilities – Mortgage or rent expenses:					
	9a. Using the number of people you entered in line 5 listed for your county for mortgage or rent exper		Int	\$		
	9b. Total average monthly payment for all mortgages your home.	s and other debts secu	ired by			
	To calculate the total average monthly payment contractually due to each secured creditor in the bankruptcy. Next divide by 60.					
	Name of the creditor	Average monthly payment				
		¢				
		\$				
		L ¢				
	• • • • • • • • • • • • • • • • • • •	г ⊅	Copy line	•	Repeat this amount	
	9b.Total average monthly payment	\$	9b here 🗲	— \$	on line 33a.	
9c.	Net mortgage or rent expense.				1	
	Subtract line 9b ( <i>total average monthly payment</i> ) fro <i>expense</i> ). If this number is less than \$0, enter \$0.	om line 9a ( <i>mortgage o</i>	r rent	\$	Copy 9c here	\$
	rou claim that the U.S. Trustee Program's division e calculation of your monthly expenses, fill in any			ousing is incorrec	t and affects	\$
	Explain why:					

_	ation expenses: Check the n	umber of vehicles for wh	ich you claim an	ownership or o	perating expense.	
<ul> <li>0. Go to</li> <li>1. Go to</li> <li>2 or mode</li> </ul>						
	on expense: Using the IRS L he <i>Operating Costs</i> that appl				u claim the operating	\$
vehicle below. Y	<b>hip or lease expense:</b> Using ou may not claim the expense e expense for more than two	e if you do not make any				
Vehicle 1	Describe Vehicle 1:					
13a. Owners	hip or leasing costs using IR	S Local Standard	13a.	\$		
Do not	e monthly payment for all deb include costs for leased vehic	les.				
add all	ulate the average monthly pa amounts that are contractuall in the 60 months after you fil y 60.	y due to each secured	3e,			
Name of e	ach creditor for Vehicle 1	Average monthly payment				
		\$	Copy13b here	— \$	Repeat this amount on line 33b.	
	nicle 1 ownership or lease exp t line 13b from line 13a. If this		enter \$0. 13c.	\$	Copy net Vehicle 1 expense here	\$
Vehicle 2	Describe Vehicle 2:					
13d. Owners	hip or leasing costs using IRS	S Local Standard	13d.	\$		
0	e monthly payment for all deb include costs for leased vehic	5				
Name of ea	ch creditor for Vehicle 2	Average monthly payment				
		\$	Copy here 🗲	- \$	Repeat this amount — on line 33c.	
	t line 13e from 13d. If this nu		er \$0. 13f.	\$	Copy net Vehicle 2 expense here →	\$
	tation expense: If you claime xpense allowance regardless				ill in the <i>Public</i>	\$
deduct a public t	ic transportation expense: ransportation expense, you m S Local Standard for <i>Public</i> 7	nay fill in what you believ				\$

Other Necessary       In addition to the expense deductions listed above, you are allowed your monthly expenses for the following IRS categories.         16. Taxes: The total monthly amount that you actually pay for federal, state and local taxes, such as income taxes, self-employment taxes, social security taxes, and Medicare taxes. You may include the monthly amount withheld from	
employment taxes, social security taxes, and Medicare taxes. You may include the monthly amount withheld from	
your pay for these taxes. However, if you expect to receive a tax refund, you must divide the expected refund by 12 and subtract that number from the total monthly amount that is withheld to pay for taxes.	\$
Do not include real estate, sales, or use taxes.	
<ol> <li>Involuntary deductions: The total monthly payroll deductions that your job requires, such as retirement contributions, union dues, and uniform costs.</li> </ol>	
Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings.	\$
8. Life insurance: The total monthly premiums that you pay for your own term life insurance. If two married people are filing together, include payments that you make for your spouse's term life insurance.	
Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than term.	\$
<ol> <li>Court-ordered payments: The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments.</li> </ol>	\$
Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35.	
0. Education: The total monthly amount that you pay for education that is either required:	
	\$
<ol> <li>Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. Do not include payments for any elementary or secondary school education.</li> </ol>	\$
2. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. Payments for health insurance or health savings accounts should be listed only in line 25.	\$
<ul> <li>3. Optional telephones and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer.</li> <li>Do not include payments for basic home telephone, internet or cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Form 22C-1, or any amount you previously deducted.</li> </ul>	\$
4. Add all of the expenses allowed under the IRS expense allowances. Add lines 6 through 23.	\$
Additional ExpenseThese are additional deductions allowed by the Means Test.DeductionsNote: Do not include any expense allowances listed in lines 6-24.	
<ol> <li>Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents.</li> </ol>	
Health insurance \$	
Disability insurance \$	
Health savings account + \$	
	\$
Do you actually spend this total amount?	
<ul> <li>No. How much do you actually spend?</li> <li>Yes</li> </ul>	
6. Continuing contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses.	\$
<ol> <li>Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply.</li> </ol>	\$
By law, the court must keep the nature of these expenses confidential.	

Debtor	1
--------	---

Last Name

	33g. Total average monthly paymen	t. Add lines 33a through 33f		\$	Copy total here	\$
	33f			+ \$		
	33e		□Yes □No	τ		
			□No	\$		
	33d		□No □Yes	\$		
			or insurance?			
	Name of each creditor for other secured debt	Identify property that secures the debt	Does payment include taxes			
	33c. Copy line 13e here		→	\$		
	33b. Copy line 13b here		→	\$		
	Loans on your first two vehicles					
	33a. Copy line 9b here		→	\$		
	Mortgages on your home			Falmon		
				Average monthly payment		
	secured creditor in the 60 months after	you lie for dankruptcy. Then divide	by 6U.			
	To calculate the total average monthly p	ayment, add all amounts that are c		each		
	For debts that are secured by an inte vehicle loans, and other secured deb		luding home mo	rtgages,		
De	ductions for Debt Payment					
	Add lines 25 through 31.					
	Add all of the additional expense ded	uctions.				\$
	Do not include any amount more than 1	•				
	Continuing charitable contributions.			form of cash or finan	cial	+
	You must show that the additional amou	int claimed is reasonable and neces	ssary.			
	To find a chart showing the maximum a instructions for this form. This chart may	also be available at the bankruptcy	y clerk's office.	in the separate		
	than the combined food and clothing allo food and clothing allowances in the IRS	owances in the IRS National Standa National Standards.	ards. That amount	cannot be more than	5% of the	\$
	* Subject to adjustment on 4/01/16, and Additional food and clothing expense					<u>^</u>
	reasonable and necessary and not alread	ady accounted for in lines 6-23.	,	-		
	per child) that you pay for your depende elementary or secondary school. You must give your case trustee docum	nt children who are younger than 1	8 years old to atte	nd a private or public	;	\$
	Education expenses for dependent c	hildren who are younger than 18.	The monthly expe	enses (not more than	\$156.25*	•
	You must give your case trustee docum claimed is reasonable and necessary.			that the additional a	mount	
	If you believe that you have home energy housing and utilities allowance, then fill			cluded in the non-mo	rtgage	\$
28.	Additional home energy costs. Your h on line 8.	nome energy costs are included in y	our non-mortgage	housing and utilities	allowance	

	Go to line 35.						
	State any amount that you	must pay to a creditor, in add <i>ire amount</i> ). Next, divide by 6				sion of	
	Name of the creditor	Identify property that secures the debt	Total cure amount		Monthly cure amount		
			\$	_ ÷60 =	\$		
			\$	_ ÷60 =	\$		
			\$	_ ÷60 = ·	+ \$		
				Total	\$	Copy total here➔	\$
filing da	ate of your bankruptcy cas Go to line 36.	l of these priority claims. Do r		-	re past due as of the		
	Total amount of all past-du	ue priority claims			\$	÷60	\$
36. Projecte	ed monthly Chapter 13 pla	n payment			\$		
of the Ur	nited States Courts (for distri	stated on the list issued by th cts in Alabama and North Ca ustees (for all other districts).	rolina) or by the	Office			
To find a	a list of district multipliers that parate instructions for this fo	t includes your district, go onl orm. This list may also be ava	ine using the link	specified	<		
Average	monthly administrative expe	ense			\$	Copy total here	\$
37. Add all (	of the deductions for debt	payment. Add lines 33g thro	ugh 36.	-			\$
Total Dedu	ctions from Income						
	ctions from Income of the allowed deductions.						
38. Add all (	of the allowed deductions.	owed under IRS expense allo	wances		\$		
38. Add all o	of the allowed deductions.				\$ \$		
38. Add all o Copy line Copy line	of the allowed deductions. e 24, All of the expenses allo e 32, All of the additional exp	owed under IRS expense allo			*		

Deb	otor 1					Case number	(if known)		
_		First Name	Middle Name	Last Name					
Par	t 2: Det	termine Y	our Disposab	le Income Under 11 U	.S.C. § 1325(b)(2)				
39.				come from line 14 of Forn Income and Calculation		<i>l</i>			\$
40.	The month payments accordance	hly average for a depen	of any child sup dent child, repor cable nonbankru	come you receive for sup port payments, foster care ted in Part I of Form 22C-1 uptcy law to the extent reas	payments, or disability I, that you received in	\$_			
41.	employer in 11 U.S.	withheld from C. § 541(b)	n wages as con	tions. The monthly total of tributions for qualified retire red repayments of loans fro	ement plans, as specifie	d \$_			
42.	Total of a	II deductio	ns allowed und	er 11 U.S.C. § 707(b)(2)(A	). Copy line 38 here				
43.	expenses their expe	and you ha nses. You n	/e no reasonabl	es. If special circumstances e alternative, describe the s ase trustee a detailed expla the expenses.	special circumstances a	nd			
			cumstances		Amount of expense				
	43a				\$				
					\$				
	43c				+ \$ Cc	opy 43d			
	43d. <b>Total</b> .	Add lines 4	3a through 43c.		Ó	re → +\$_			
				ugh 43d income under § 1325(b)(/				Copy total here ➔	- \$ \$
De	ant 2.	Change		Furnance				L	1
Pa	art 3:	Change	n Income or	Expenses					
46.	have char the time y after you f	nged or are v our case wil filed your pe	virtually certain t l be open, fill in tition, check 220	ne income in Form 22C-1 o o change after the date you the information below. For C-1 in the first column, ente ncrease occurred, and fill in	u filed your bankruptcy p example, if the wages r er line 2 in the second co	petition and c eported incre olumn, explai	luring ased		
	Form	Line	Reason for c	hange	Date of change	Increase decrease		of change	
	22C-1					Lincreas	<u>&gt;</u>		
	22C-1 22C-2					<ul> <li>Increase</li> <li>Decrease</li> </ul>	Φ		
	22C-1 22C-2					Lincreas	<u>م</u>		
	22C-1 22C-2					<ul> <li>Increase</li> <li>Decrease</li> </ul>	Ψ		
1									

Last Name

Part 4: S	Sign Below
By signing here,	under penalty of perjury you declare that the information on this statement and in any attachments is true and correct.
×	×
Signature of De	ebtor 1 Signature of Debtor 2
Date MM / DD	D / YYYY Date