

Schedule I – Your Current Income

	YOUR INCOME	YOUR SPOUSE'S INCOME
Current monthly gross wages, salary, and commissions.....	\$ _____	\$ _____
Estimated monthly overtime	\$ _____	\$ _____
SUBTOTAL:	\$ _____	\$ _____
LESS PAYROLL DEDUCTIONS		
a. Payroll taxes and social security	\$ _____	\$ _____
b. Insurance.....	\$ _____	\$ _____
c. Union dues.....	\$ _____	\$ _____
d. Other (Specify) _____	\$ _____	\$ _____
SUBTOTAL OF PAYROLL DEDUCTIONS	\$ _____	\$ _____
TOTAL NET MONTHLY TAKE HOME PAY	\$ _____	\$ _____
Regular income from operation of business or profession or farm (attach detailed statement).....	\$ _____	\$ _____
Income from real property	\$ _____	\$ _____
Interest and dividends.	\$ _____	\$ _____
Alimony, maintenance or support payments payable to debtor for the debtor's use or that of dependents listed above.....	\$ _____	\$ _____
Social security or other government assistance (Specify) _____	\$ _____	\$ _____
Pension or retirement income	\$ _____	\$ _____
Other monthly income (Specify) _____	\$ _____	\$ _____
TOTAL MONTHLY INCOME	\$ _____	\$ _____
TOTAL COMBINED MONTHLY INCOME	\$ _____	

Describe any increase or decrease of more than 10% in any of the above categories that you anticipate to occur within the year following the filing of this document:

Schedule J Information - Your Current Expenditures

Complete the following by estimating the average monthly expenses of your self and your family. Payments that are made other than monthly should be pro-rated to a monthly amount, if possible. Otherwise make an appropriate notation. If a joint petition is being filed and if your spouse maintains a separate household, make a separate list of expenditures for your spouse to the right of your list.

**YOUR
EXPENDITURES**

Rent or 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(Specify) _____	\$ _____
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 payments)	
Homeowner's or renter's	\$ _____
Life	\$ _____
Health	\$ _____
Auto.....	\$ _____
Other (Specify) _____	\$ _____
Taxes (not deducted from wages or included in home mortgage payments)	
(Specify) _____	\$ _____
Installment payments: (In chapter 12 and 13 cases, do not list payments to be included in the plan)	
Auto.....	\$ _____
Other _____	\$ _____
Other _____	\$ _____
Other _____	\$ _____
Alimony, maintenance, and support paid to others	\$ _____
Payments for support of additional dependents not living at your home	\$ _____
Regular expenses from operation of business, profession,	
or farm (attach detailed statement)	\$ _____
Other _____	\$ _____
Other _____	\$ _____
TOTAL MONTHLY EXPENSES	\$ _____