# Case 14-83578 Doc 2 Filed 11/26/14 Entered 11/26/14 14:39:25 Desc Main Document Page 1 of 8

B22A (Official Form 22A) (Chapter 7) (04/13)

In re Paul R Dulberg	
Debtor(s) Case Number:	According to the information required to be entered on this statement (check one box as directed in Part I, III, or VI of this statement):
(If known)	☐ The presumption arises.
	■ The presumption does not arise.
	☐ The presumption is temporarily inapplicable.

# CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME AND MEANS-TEST CALCULATION

In addition to Schedules I and J, this statement must be completed by every individual chapter 7 debtor. If none of the exclusions in Part I applies, joint debtors may complete one statement only. If any of the exclusions in Part I applies, joint debtors should complete separate statements if they believe this is required by § 707(b)(2)(C).

	Part I. MILITARY AND NON-CONSUMER DEBTORS					
1A	<b>Disabled Veterans.</b> If you are a disabled veteran described in the Declaration in this Part IA, (1) check the box at the beginning of the Declaration, (2) check the box for "The presumption does not arise" at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.					
	□ Declaration of Disabled Veteran. By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. § 101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. §901(1)).					
1B	Non-consumer Debtors. If your debts are not primarily consumer debts, check the box below and complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.					
	☐ Declaration of non-consumer debts. By checking this box, I declare that my debts are not primarily consumer debts.					
	Reservists and National Guard Members; active duty or homeland defense activity. Members of a reserve component of the Armed Forces and members of the National Guard who were called to active duty (as defined in 10 U.S.C. § 101(d)(1)) after September 11, 2001, for a period of at least 90 days, or who have performed homeland defense activity (as defined in 32 U.S.C. § 901(1)) for a period of at least 90 days, are excluded from all forms of means testing during the time of active duty or homeland defense activity and for 540 days thereafter (the "exclusion period"). If you qualify for this temporary exclusion, (1) check the appropriate boxes and complete any required information in the Declaration of Reservists and National Guard Members below, (2) check the box for "The presumption is temporarily inapplicable" at the top of this statement, and (3) complete the verification in Part VIII. During your exclusion period you are not required to complete the balance of this form, but you must complete the form no later than 14 days after the date on which your exclusion period ends, unless the time for filling a motion raising the means test presumption expires in your case before your exclusion period ends.					
1C	□ Declaration of Reservists and National Guard Members. By checking this box and making the appropriate entries below, I declare that I am eligible for a temporary exclusion from means testing because, as a member of a reserve component of the Armed Forces or the National Guard					
	a.   I was called to active duty after September 11, 2001, for a period of at least 90 days and  I remain on active duty /or/  I was released from active duty on, which is less than 540 days before this bankruptcy case was filed;					
	OR					
	<ul> <li>b.   I am performing homeland defense activity for a period of at least 90 days /or/  I performed homeland defense activity for a period of at least 90 days, terminating on, which is less than 540 days before this bankruptcy case was filed.</li> </ul>					

Marital/filing status. Check the box that applies and complete the balance of this part of this statement as directed.  a.		Part II. CALCULATION OF MONTHLY INCOME FOR § 707(b)					
Description		Marital/filing status. Check the box that applies and complete the balance of this part of this statement as directed.					
Description		b.   Married, not filing jointly, with declaration of separate households. By checking this box, of "My spouse and I are legally separated under applicable non-bankruptcy law or my spouse at purpose of evading the requirements of § 707(b)(2)(A) of the Bankruptcy Code." Complete of the spouse of					
C	2					and I are living apart other than for the	
A   Married, filing jointly, Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 3-11.		c.  Married, not filing jointly, without the declaration			b above	e. Complete b	oth Column A
All figures must reflect average monthly income received from all sources, derived during the six calendar months prior to filing the bankruppey case, ending on the last day of the month before the filing. If the amount of monthly income varied during the six months, you must divide the six-month total by six, and enter the result on the appropriate clime.  3 Gross wages, salary, tips, bonuses, overtime, commissions.  5 0.00 S  1 Income from the operation of a business, profession or farm. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 4. If you operate more than one business, profession or farm, enter negregate numbers and provide details on an attachment. Do not enter a number less than zero. Do not include any part of the business expenses entered on Line b as a deduction in Part V.  1 Income  1 Income  1 Rent and other real property income. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 4. Do not enter a number less than zero. Do not include any part of the operating expenses expenses subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 5. Do not enter a number less than zero. Do not include any part of the operating expenses expenses expenses subtract Line b from Line a and enter the difference in the appropriate columnes) of Line 5. Do not enter a number less than zero. Do not include any part of the operating expenses is 0.00 S  2 Rent and other real property income. Subtract Line b from Line a and enter the difference in the appropriate column so of the operating expenses is 0.00 S  3 Debtor Spouse  4 Increst, dividends, and royalties.  5 O.00 S  2 Nondary and necessary operating expenses is 0.00 S  3 Debtor Spouse  4 Nay amounts paid by another person or entity, on a regular basis, for the household expenses of the debtor's dependents, including child support paid for that purpose. Do not include alimony or separate maintenance payments or amounts paid by your spouse following the		1 12 22			"Spou	se's Income")	for Lines 3-11.
the filing. If the amount of monthly income varied during the six months, you must divide the six-month total by six, and enter the result on the appropriate line.  3 Gross wages, salary, tips, bonuses, overtime, commissions.  5 0.00 S  Income from the operation of a business, profession or farm. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 4. If you operate more than one business, profession or farm, enter aggregate numbers and provide details on an attachment. Do not enter a number less than zero. Do not include any part of the business expenses entered on Line bas a deduction in Part V.  Debtor Spouse  a. Gross receipts S 0.00 S  b. Ordinary and necessary business expenses S 0.00 S  C. Business income  Rent and other real property income. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 5. Do not enter a number less than zero. Do not include any part of the operating expenses entered on Line bas a deduction in Part V.  Debtor Spouse  a. Gross receipts S 0.00 S  a. Gross receipts S 0.00 S  b. Ordinary and necessary operating expenses S 0.00 S  c. Rent and other real property income Subtract Line b from Line a S  Any amounts paid by another person or entity, on a regular basis, for the household expenses of the debtor or the debtor's dependents, including child support paid for that purpose. Do not include allmony or separate maintenance payments or amounts paid by your spouse S or the debtor of the debtor's dependents, including this support paid for that purpose. Do not include allmony or separate maintenance payments mounts paid by your spouse of Column B is completed. Each regular payment should be reported in only one column; if a payment is flisted in Column A, on to report that purpose. To not include allmony or separate maintenance payments paid by your spouse was a benefit under the Social Security Act, do not list the amount of the space below:  Unemployment compensation claimed to be a benefit under the Social Secu		All figures must reflect average monthly income receiv	ved from all sour	rces, derived during the six			
Section of the total by six, and enter the result on the appropriate line.   Section of Section o						Dahtor's	Spouse's
Section   Sect				hs, you must divide the		El Santage Commence (2)	0.25
Income from the operation of a business, profession or farm. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 4. If you operate more than one business, profession or farm, enter agregate numbers and provide details on an attachment. Do not enter a number less than zero. Do not include any part of the business expenses entered on Line b as a deduction in Part V.    Debtor	3	person and the second of the second			+		
enter the difference in the appropriate column(s) of Line 4. If you operate more than one business, profession of farm, enter aggregate numbers and provide details on an attachment. Do not enter a number less than zero. Do not include any part of the business expenses entered on Line b as a deduction in Part V.    Debtor   Spouse	3	170 -			D.D	0.00	3
business, profession or farm, enter aggregate numbers and provide details on an attachment. Do not enter a number less than zero. Do not include any part of the business expenses entered on Line b as a deduction in Part V.    Debtor   Spouse							
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Debtor   Spouse							
a. Gross receipts   S   0.00   S	4	Line b as a deduction in Part V.					
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Rent and other real property income. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 5. Do not include any part of the operating expenses entered on Line b as a deduction in Part V.    Debtor   Spouse							
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the appropriate column(s) of Line 5. Do not enter a number less than zero. Do not include any part of the operating expenses entered on Line b as a deduction in Part V.    Debtor   Spouse				FEET	Φ	0.00	\$
part of the operating expenses entered on Line b as a deduction in Part V.    Debtor   Spouse							
Debtor   Spouse							
Debtor   Debtor   Spouse   S	5	Proposition (Control of the Control of Contr					
C.   Rent and other real property income   Subtract Line b from Line a   \$ 0.00 \$							1
Interest, dividends, and royalties.   S   0.00   S						2.22	2
Any amounts paid by another person or entity, on a regular basis, for the household expenses of the debtor or the debtor's dependents, including child support paid for that purpose. Do not include alimony or separate maintenance payments or amounts paid by your spouse if Column B is completed. Each regular payment should be reported in only one column; if a payment is listed in Column A, do not report that payment in Column B.  Unemployment compensation. Enter the amount in the appropriate column(s) of Line 9. However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A or B, but instead state the amount in the space below:  Unemployment compensation claimed to be a benefit under the Social Security Act Debtor \$ 0.00 Spouse \$ \$ 0.00 \$  Income from all other sources. Specify source and amount. If necessary, list additional sources on a separate page. Do not include allimony or separate maintenance payments paid by your spouse if Column B is completed, but include all other payments of alimony or separate maintenance. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, crime against humanity, or as a victim of international or domestic terrorism.  Debtor Spouse  a.		c. Rent and other real property income Sul	btract Line b fro	m Line a	\$	0.00	\$
Any amounts paid by another person or entity, on a regular basis, for the household expenses of the debtor or the debtor's dependents, including child support paid for that purpose. Do not include alimony or separate maintenance payments or amounts paid by your spouse if Column B is completed. Each regular payment should be reported in only one column; if a payment is listed in Column A, do not report that payment in Column B.  Unemployment compensation. Enter the amount in the appropriate column(s) of Line 9. However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A or B, but instead state the amount in the space below:  Unemployment compensation claimed to be a benefit under the Social Security Act Debtor \$ 0.00 Spouse \$ 0.00 \$  Income from all other sources. Specify source and amount. If necessary, list additional sources on a separate page. Do not include alimony or separate maintenance payments paid by your spouse if Column B is completed, but include all other payments of alimony or separate maintenance. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, crime against humanity, or as a victim of international or domestic terrorism.  Debtor Spouse  Debtor Spouse  Debtor Spouse  Debtor Spouse  Debtor Spouse  Spouse  Spouse  Debtor Spouse  Spouse  Spouse  Spouse  Debtor Spouse  A Debtor Spouse							
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However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A or B, but instead state the amount in the space below:  Unemployment compensation claimed to be a benefit under the Social Security Act  Income from all other sources. Specify source and amount. If necessary, list additional sources on a separate page. Do not include alimony or separate maintenance payments paid by your spouse if Column B is completed, but include all other payments of alimony or separate maintenance. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, crime against humanity, or as a victim of international or domestic terrorism.  Debtor Spouse  a. S S  Debtor Spouse  Total and enter on Line 10  Subtotal of Current Monthly Income for § 707(b)(7). Add Lines 3 thru 10 in Column A, and, if	8	expenses of the debtor or the debtor's dependents, including child support paid for that purpose. Do not include alimony or separate maintenance payments or amounts paid by your spouse if Column B is completed. Each regular payment should be reported in only one column;			\$	0.00	\$
However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A or B, but instead state the amount in the space below:  Unemployment compensation claimed to be a benefit under the Social Security Act  Debtor \$ 0.00 Spouse \$ 0.00 \$  Income from all other sources. Specify source and amount. If necessary, list additional sources on a separate page. Do not include alimony or separate maintenance payments paid by your spouse if Column B is completed, but include all other payments of alimony or separate maintenance. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, crime against humanity, or as a victim of international or domestic terrorism.  Debtor Spouse  a.		Unemployment compensation. Enter the amount in th	ne appropriate co	olumn(s) of Line 9.			
or B, but instead state the amount in the space below:  Unemployment compensation claimed to be a benefit under the Social Security Act  Income from all other sources. Specify source and amount. If necessary, list additional sources on a separate page. Do not include alimony or separate maintenance payments paid by your spouse if Column B is completed, but include all other payments of alimony or separate maintenance. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, crime against humanity, or as a victim of international or domestic terrorism.  Debtor Spouse  a.		However, if you contend that unemployment compensa	ation received by	you or your spouse was a			
Unemployment compensation claimed to be a benefit under the Social Security Act  Income from all other sources. Specify source and amount. If necessary, list additional sources on a separate page. Do not include alimony or separate maintenance payments paid by your spouse if Column B is completed, but include all other payments of alimony or separate maintenance. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, crime against humanity, or as a victim of international or domestic terrorism.    Debtor   Spouse	9		nount of such co	mpensation in Column A			
Income from all other sources. Specify source and amount. If necessary, list additional sources on a separate page. Do not include alimony or separate maintenance payments paid by your spouse if Column B is completed, but include all other payments of alimony or separate maintenance. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, crime against humanity, or as a victim of international or domestic terrorism.    Debtor							
on a separate page. Do not include alimony or separate maintenance payments paid by your spouse if Column B is completed, but include all other payments of alimony or separate maintenance. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, crime against humanity, or as a victim of international or domestic terrorism.    Debtor   Spouse			0.00	Spouse \$	\$	0.00	\$
Debtor   Spouse	10	on a separate page. Do not include alimony or separa spouse if Column B is completed, but include all oth maintenance. Do not include any benefits received und received as a victim of a war crime, crime against huma	te maintenance er payments of der the Social Se	alimony or separate curity Act or payments			
a.		domestic terrorism.	Debtor	Spouse			
Total and enter on Line 10 \$ 0.00 \$  Subtotal of Current Monthly Income for § 707(b)(7). Add Lines 3 thru 10 in Column A, and, if		[a.] \$ [	20101				
Subtotal of Current Monthly Income for § 707(b)(7). Add Lines 3 thru 10 in Column A, and, if							
Subtotal of Current Monthly Income for § 707(b)(7). Add Lines 3 thru 10 in Column A, and, if		Total and enter on Line 10			\$	0.00	\$
	11				s	prof. (76)	No.

12	Total Current Monthly Income for § 707(b)(7). If Column B has been completed, add Lin Column A to Line 11, Column B, and enter the total. If Column B has not been completed, the amount from Line 11, Column A.		0.00
	Part III. APPLICATION OF § 707(b)(7) EXCLU	SION	
13	Annualized Current Monthly Income for § 707(b)(7). Multiply the amount from Line 12 enter the result.	by the number 12 and	\$ 0.00
14	Applicable median family income. Enter the median family income for the applicable state (This information is available by family size at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the boundary of the state of the boundary		
	a. Enter debtor's state of residence: L b. Enter debtor's household size	1	\$ 47,469.00
15	Application of Section 707(b)(7). Check the applicable box and proceed as directed.  ■ The amount on Line 13 is less than or equal to the amount on Line 14. Check the box top of page 1 of this statement, and complete Part VIII; do not complete Parts IV, V, VI o  □ The amount on Line 13 is more than the amount on Line 14. Complete the remaining	· VII.	ot arise" at the

### Complete Parts IV, V, VI, and VII of this statement only if required. (See Line 15.)

	Complete Parts IV,	v, vi, and vii or t	inis statement of	ny n required. (See	Line 13.)
	Part IV. CALCULA	TION OF CURR	ENT MONTHL	Y INCOME FOR §	707(b)(2)
16 Enter the amount from Line 12.		\$			
17	Marital adjustment. If you checke Column B that was NOT paid on a dependents. Specify in the lines bels spouse's tax liability or the spouse's amount of income devoted to each pot check box at Line 2.c, enter zero a. b.	regular basis for the hou ow the basis for excluding support of persons othe burpose. If necessary, lis	sehold expenses of the column B income than the debtor or that additional adjustments and the column B income that additional adjustments and the column between the	ne debtor or the debtor's ome (such as payment of the he debtor's dependents) and	he d the
	c.		\$		
	d. Total and enter on Line 17		\$		\$
18	Current monthly income for § 70	(h)(2) Cubtaget Line 1	7 from Line 16 and a	untan tha manilt	\$
10					Φ
	Part V. CA	ALCULATION OF	F DEDUCTION	S FROM INCOME	
	Subpart A: Ded	uctions under Stand	lards of the Interr	nal Revenue Service (Il	RS)
19A	National Standards: food, clothing and other items. Enter in Line 19A the "Total" amount from IRS National Standards for Food, Clothing and Other Items for the applicable number of persons. (This information is available at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) The applicable number of persons is the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.			vailable number	
National Standards: health care. Enter in Line a1 below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) Enter in Line b1 the applicable number of persons who are under 65 years of age, and enter in Line b2 the applicable number of persons who are 65 years of age or older. (The applicable number of persons in each age category is the number in that category that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.) Multiply Line a1 by Line b1 to obtain a total amount for persons under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for persons 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 19B.				persons age or arrently whom alt in	
	Persons under 65 year			ears of age or older	<b>—</b>
	a1. Allowance per person b1. Number of persons	a2. b2.			<del> </del>
	cl. Subtotal	c2.		50115	
20A	Local Standards: housing and util Utilities Standards; non-mortgage exavailable at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or fithe number that would currently be any additional dependents whom yo	penses for the applicable from the clerk of the ban allowed as exemptions of	le county and family kruptcy court). The a	size. (This information is applicable family size cons	sists of

20B	Local Standards: housing and utilities; mortgage/rent expense. El Housing and Utilities Standards; mortgage/rent expense for your cour available at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy of the number that would currently be allowed as exemptions on your fe any additional dependents whom you support); enter on Line b the tot debts secured by your home, as stated in Line 42; subtract Line b from not enter an amount less than zero.		
	a. IRS Housing and Utilities Standards; mortgage/rental expense b. Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42		
	c. Net mortgage/rental expense	Subtract Line b from Line a.	\$
21	Local Standards: housing and utilities; adjustment. If you contend 20B does not accurately compute the allowance to which you are entil Standards, enter any additional amount to which you contend you are contention in the space below:	tled under the IRS Housing and Utilities	\$
22A	Local Standards: transportation; vehicle operation/public transports and a vehicle and regardless of whether you use public transportation.  Check the number of vehicles for which you pay the operating expensincluded as a contribution to your household expenses in Line 8.  10 1 2 or more.  If you checked 0, enter on Line 22A the "Public Transportation" amout Transportation. If you checked 1 or 2 or more, enter on Line 22A the Standards: Transportation for the applicable number of vehicles in the Census Region. (These amounts are available at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a>	the system of operating expenses of operating espenses are sent from IRS Local Standards: "Operating Costs" amount from IRS Local applicable Metropolitan Statistical Area or	\$
22B	Local Standards: transportation; additional public transportation for a vehicle and also use public transportation, and you contend that you public transportation expenses, enter on Line 22B the "Public Transportation. (This amount is available at <a href="www.usdoj.go">www.usdoj.go</a> court.)	s	
23	Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.)  1 2 or more.  Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation		
	c. Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a.	\$
24	Local Standards: transportation ownership/lease expense; Vehicle the "2 or more" Box in Line 23.  Enter, in Line a below, the "Ownership Costs" for "One Car" from the (available at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy of Monthly Payments for any debts secured by Vehicle 2, as stated in Line the result in Line 24. Do not enter an amount less than zero.  a. IRS Transportation Standards, Ownership Costs  Average Monthly Payment for any debts secured by Vehicle b. 2, as stated in Line 42		
	c. Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a.	\$
25	Other Necessary Expenses: taxes. Enter the total average monthly ex state and local taxes, other than real estate and sales taxes, such as inco security taxes, and Medicare taxes. Do not include real estate or sale	\$	

DZZA	Official Form 22A) (Chapter 7) (04/13)		
26	Other Necessary Expenses: involuntary deductions for employment. Enter the total average monthly payroll deductions that are required for your employment, such as retirement contributions, union dues, and uniform costs. Do not include discretionary amounts, such as voluntary 401(k) contributions.		
27	Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance.		\$
28	Other Necessary Expenses: court-ordered payments. pay pursuant to the order of a court or administrative age include payments on past due obligations included in	ncy, such as spousal or child support payments. Do not	\$
29	Other Necessary Expenses: education for employmen Enter the total average monthly amount that you actually and for education that is required for a physically or men education providing similar services is available.	expend for education that is a condition of employment	\$
30	Other Necessary Expenses: childcare. Enter the total a childcare - such as baby-sitting, day care, nursery and pro-	eschool. Do not include other educational payments.	\$
31	Other Necessary Expenses: health care. Enter the tota health care that is required for the health and welfare of y insurance or paid by a health savings account, and that is include payments for health insurance or health saving	ourself or your dependents, that is not reimbursed by in excess of the amount entered in Line 19B. <b>Do not</b>	\$
32	Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you		\$
33	Total Expenses Allowed under IRS Standards. Enter	the total of Lines 19 through 32.	\$
25 . 28		enses that you have listed in Lines 19-32  avings Account Expenses. List the monthly expenses in ly necessary for yourself, your spouse, or your	
34	a. Health Insurance	\$	
	b. Disability Insurance	\$	
	c. Health Savings Account	\$	\$
	Total and enter on Line 34.  If you do not actually expend this total amount, state y below:  \$	your actual total average monthly expenditures in the space	
35	Continued contributions to the care of household or far expenses that you will continue to pay for the reasonable ill, or disabled member of your household or member of yexpenses.	and necessary care and support of an elderly, chronically	\$
36	Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.		\$
37	Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local		\$
38	Education expenses for dependent children less than 1 actually incur, not to exceed \$156.25* per child, for attend school by your dependent children less than 18 years of a documentation of your actual expenses, and you must necessary and not already accounted for in the IRS Sta	dance at a private or public elementary or secondary ge. You must provide your case trustee with explain why the amount claimed is reasonable and	\$

<sup>\*</sup> Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

39	Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is reasonable and necessary.			\$	
40		s. Enter the amount that you will cont organization as defined in 26 U.S.C. §		e form of cash or	\$
41	Total Additional Expense Deduction	ons under § 707(b). Enter the total of	Lines 34 through 40		\$
		Subpart C: Deductions for De	ebt Payment		
42	own, list the name of the creditor, ide check whether the payment includes scheduled as contractually due to each	s. For each of your debts that is secure entify the property securing the debt, staxes or insurance. The Average Month Secured Creditor in the 60 months for additional entries on a separate page.	ate the Average Montl hly Payment is the total ollowing the filing of the	ally Payment, and all of all amounts the bankruptcy	
	Name of Creditor	Property Securing the Debt	20	include taxes or insurance?	
	a.		\$	□yes □no	
			Total: Add Lines		\$
43	your deduction 1/60th of any amount payments listed in Line 42, in order to sums in default that must be paid in or	essary for your support or the support of the "cure amount") that you must pay o maintain possession of the property. Order to avoid repossession or forecloss additional entries on a separate page.  Property Securing the Debt	the creditor in addition. The cure amount would ure. List and total any substitution of the substitution o	on to the	\$
	Payments on prepetition priority claims. Enter the total amount, divided by 60, of all priority claims, such as				
44	priority tax, child support and alimon	y claims, for which you were liable at			\$
44	priority tax, child support and alimon not include current obligations, suc Chapter 13 administrative expense	y claims, for which you were liable at	the time of your bankr	tuptcy filing. Do	s
44	chapter 13 administrative expense chart, multiply the amount in line a by Current multiplier for your dissued by the Executive Officinformation is available at with bankruptcy court.)	s. If you are eligible to file a case under the amount in line b, and enter the remarks a determined under schedules the for United States Trustees. (This www.usdoj.gov/ust/ or from the clerk of	the time of your bankrer chapter 13, complete sulting administrative	the following expense.	
45	priority tax, child support and alimon not include current obligations, such that the chart, multiply the amount in line a base chart, multiply the Executive Official information is available at we the bankruptcy court.)  c. Average monthly administrations.	y claims, for which you were liable at the as those set out in Line 28.  s. If you are eligible to file a case under the amount in line b, and enter the restaurch as determined under schedules can be for United States Trustees. (This www.usdoj.gov/ust/ or from the clerk of tive expense of chapter 13 case	the time of your bankrer chapter 13, complete sulting administrative  \$  X  Total: Multiply Line	the following expense.	s
	c. Average monthly administrat  Total Deductions for Debt Payment	y claims, for which you were liable at the as those set out in Line 28.  s. If you are eligible to file a case under the amount in line b, and enter the restaurch as the amount in line b, and enter the restaurch as determined under schedules are for United States Trustees. (This www.usdoj.gov/ust/ or from the clerk of the expense of chapter 13 case  t. Enter the total of Lines 42 through 4	the time of your bankre or chapter 13, complete sulting administrative  \$  X  Total: Multiply Line 5.	the following expense.	
45	priority tax, child support and alimon not include current obligations, such that the chart, multiply the amount in line a by the current multiplier for your dissued by the Executive Office information is available at with the bankruptcy court.)  c. Average monthly administrat  Total Deductions for Debt Payment	y claims, for which you were liable at the as those set out in Line 28.  If you are eligible to file a case under the resulting the amount in line b, and enter the resulting the amount in line b, and enter the resulting training the set of th	the time of your bankre or chapter 13, complete sulting administrative  \$  X  Total: Multiply Line  5.	the following expense.	\$ \$
45	priority tax, child support and alimon not include current obligations, such that the chart, multiply the amount in line a because that, multiply the amount in line a because that, multiply the amount in line a because the current multiplier for your desisted by the Executive Office information is available at we the bankruptcy court.)  Total Deductions for Debt Payment Total of all deductions allowed und	s. If you are eligible to file a case under the amount in line b, and enter the restaute as determined under schedules ce for United States Trustees. (This www.usdoj.gov/ust/ or from the clerk of tive expense of chapter 13 case  t. Enter the total of Lines 42 through 4  Subpart D: Total Deductions for the series of the control of Lines 47  Subpart D: Lines 48  Subpart D: Lines 48  Subpart D: Lines 49	the time of your bankre treatment of your bankre or chapter 13, complete sulting administrative  \$	the following expense.	s
45	priority tax, child support and alimon not include current obligations, such that the chart, multiply the amount in line a because that, multiply the amount in line a because that, multiply the amount in line a because the current multiplier for your desisted by the Executive Office information is available at we the bankruptcy court.)  Total Deductions for Debt Payment Total of all deductions allowed und	y claims, for which you were liable at the as those set out in Line 28.  If you are eligible to file a case under the resulting the amount in line b, and enter the resulting the amount in line b, and enter the resulting training the set of th	the time of your bankre treatment of your bankre or chapter 13, complete sulting administrative  \$	the following expense.	\$ \$
45	priority tax, child support and alimon not include current obligations, such that the chart, multiply the amount in line a by the content of	s. If you are eligible to file a case under the amount in line b, and enter the restaute as determined under schedules ce for United States Trustees. (This www.usdoj.gov/ust/ or from the clerk of tive expense of chapter 13 case  t. Enter the total of Lines 42 through 4  Subpart D: Total Deductions for the series of the control of Lines 47  Subpart D: Lines 48  Subpart D: Lines 48  Subpart D: Lines 49	r chapter 13, complete sulting administrative  x  Total: Multiply Line  5.  From Income  33, 41, and 46.  b)(2) PRESUMP	the following expense.	\$ \$
45	c. Average monthly administrative court.)  Chapter 13 administrative expense chart, multiply the amount in line a by a. Projected average monthly clearly be considered by the Executive Office information is available at we the bankruptcy court.)  C. Average monthly administrative expense chart, multiply the amount in line a by the Executive Office information is available at we the bankruptcy court.)  C. Average monthly administrative expense chart, multiply the amount programmed is a project of the expense of	y claims, for which you were liable at the as those set out in Line 28.  s. If you are eligible to file a case under the amount in line b, and enter the restaurch as determined under schedules are for United States Trustees. (This www.usdoj.gov/ust/ or from the clerk of tive expense of chapter 13 case  t. Enter the total of Lines 42 through 4  Subpart D: Total Deductions 1  er § 707(b)(2). Enter the total of Lines  ETERMINATION OF § 707(	the time of your bankre that the time of your bankre tracks the time of your bankre tracks the tracks that the time of your bankre tracks the tracks that the time of your bankre tracks the tracks that the time of your bankre tracks the tracks that the time of your bankre tracks the tracks that the time of your bankre tracks the tracks that the time of your bankre tracks the tracks that the time of your bankre tracks the tracks that the tracks	the following expense.	\$ \$
45 46 47 48	c. Average monthly administrative information is available at with the bankruptcy court.)  Total Deductions for Debt Payment  Enter the amount from Line 18 (Curent the bankuptcy of the amount from Line 18 (Curent the amount from Line 17 (Total of all deductions from Line 17 (Total of the amount from Line 17 (Total of the current multiplier for your dissued by the Executive Officient for your dissued b	the state of chapter 13 case  the total of Lines 42 through 4  Subpart D: Total Deductions 1  ETERMINATION OF § 707(b)(2)  The state of	the time of your bankre tree chapter 13, complete sulting administrative  x  Total: Multiply Line 5.  From Income 5 33, 41, and 46.  b)(2) PRESUMPT 2)) 6 707(b)(2))	the following expense.	\$ \$ \$

	Initial presumption determination. Check the applicable box and proceed	as directed.			
52		☐ The amount on Line 51 is less than \$7,475°. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII. Do not complete the remainder of Part VI.			
02	☐ The amount set forth on Line 51 is more than \$12,475* Check the box statement, and complete the verification in Part VIII. You may also complete				
	☐ The amount on Line 51 is at least \$7,475*, but not more than \$12,475	*. Complete the remainder of Part V	I (Lines 53 through 55).		
53	Enter the amount of your total non-priority unsecured debt		\$		
54	Threshold debt payment amount. Multiply the amount in Line 53 by the n	umber 0.25 and enter the result.	s		
	Secondary presumption determination. Check the applicable box and pro-	ceed as directed.			
55	☐ The amount on Line 51 is less than the amount on Line 54. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII.				
	☐ The amount on Line 51 is equal to or greater than the amount on Line 54. Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII.				
	Part VII. ADDITIONAL EXPEN	ISE CLAIMS			
56	Other Expenses. List and describe any monthly expenses, not otherwise stat you and your family and that you contend should be an additional deduction 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page each item. Total the expenses.	from your current monthly income	under §		
	Expense Description	Monthly An	nount		
	a.	\$			
	b.	\$			
	c.	\$			
	d.	\$	_		
	Total: Add Lines a, b, c, and d	3			
	Part VIII. VERIFICAT	ION			
57	I declare under penalty of perjury that the information provided in this statem must sign.)  Date: November 26, 2014 Sign.	nature: /s/ Paul R Dulberg	ioint case, both debtors		

(Debtor)

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<sup>\*</sup> Amounts are subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

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## **Current Monthly Income Details for the Debtor**

#### **Debtor Income Details:**

Income for the Period 05/01/2014 to 10/31/2014.

### Non-CMI - Social Security Act Income

Source of Income: Social Security Disability Award

Income by Month:

6 Months Ago:	05/2014	\$0.00
5 Months Ago:	06/2014	\$0.00
4 Months Ago:	07/2014	\$30,000.00
3 Months Ago:	08/2014	\$0.00
2 Months Ago:	09/2014	\$0.00
Last Month:	10/2014	\$0.00
	Average per month:	\$5,000.00