Decision 7 The State Mass Nation Los	Fill	in this information to identify your case:					ly as directed in this form and in	
1. There is no presumption of abuse.	Deb					orm 122A-1Supp	:	
Deleted States Bankruptey Court for the	Deb		Last Name		[1. There is no pr	resumption of abuse.	
Official Form 122A—1 Chapter 7 Statement of Your Current Monthly Income 04/20 Be as complete and accurate as possible. If two married people are filling together, both are equally responsible for being accurate. If more space is needed, statch 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). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file Statement of Exemption from Presumption of Abuse Under § 707(b)/2) (Official Form 122A-15upp) with this form. Part 3: Calculate Your Current Monthly Income 1. What is your marital and filling status? Check one only. Not married. Fill out Column A, lines 2-11. Married and your spouse is filling with you. Fill out both Columns A and B, lines 2-11. Married and your spouse is NOT filling with you. You and your spouse are: Living in the same household and are not legally separated. Fill out both Columns A and B, lines 2-11. Living separately or are legally separated. Fill out Column A, lines 2-11. Living separately or are legally separated. Fill out both Columns A and B, lines 2-11. Living separately or are legally separated. Fill out both Columns A and B, lines 2-11. Living separately or are legally separated. Fill out both Columns A lines 1-1. Living separately or are legally separated. Fill out both Columns A lines 2-11. Living separately or are legally separated. Fill out both Columns A lines 2-11. Living separately or are legally separated. Fill out both Columns A lines 2-11. Living separately or are legally separated. Fill out both Columns B, by checking this box, you declare under penalty of perjuny that you and your spouse are living as your separated. Fill out both Columns B, by the separated by the penalty of perjuny that applies or that you and your spouse are living as the separated fill out both Col			District of _	State)		abuse applies	will be made under Chapter 7	
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	7.		Φ	Φ	nere 7	\$	\$	

ebtor	1 First Name Middle Name Last Name	Case number (if known)		
	Last Marie			
		Column A Debtor 1	Column B Debtor 2 or non-filing spouse	
8.	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\$			
9.	Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled if retired under any provision of title 10 other than chapter 61 of that title.	\$		
10.	Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act; payments made under the Federal law relating to the national emergency declared by the President under the National Emergencies Act (50 U.S.C. 1601 et seq.) with respect to the coronavirus disease 2019 (COVID-19); payments received as a victim of a war crime, crime against humanity, or international or domestic terrorism; or compensation, pension, pay, annuity, or allowance paid by the United States Government in connectic with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the totabelow.	on		
		\$	\$	
		\$	\$	
	Total amounts from separate pages, if any.	+ \$	+ \$	
		·	, <u>, </u>	1
11.	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
Pa	rt 2: Determine Whether the Means Test Applies to You			monthly income
12.	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).		ı	x 12
	12b. The result is your annual income for this part of the form.		12b.	\$
13.	Calculate the median family income that applies to you. Follow these steps:		ı	
	Fill in the state in which you live.			
	Fill in the number of people in your household.		1	
	Fill in the median family income for your state and size of household.		13.	\$
	To find a list of applicable median income amounts, go online using the link specified in instructions for this form. This list may also be available at the bankruptcy clerk's office			
14.	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, 7. Go to Part 3. Do NOT fill out or file Official Form 122A-2.	here is no presump	ntion 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.	nption of abuse is d	etermined by Form 122	4-2.

Debtor 1				Case number (if known)
	First Name	Middle Name	Last Name	

Part 3:	Sign Below				
	By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.				
	×	×			
	Signature of Debtor 1	Signature of Debtor 2			
	Date MM / DD / YYYY	Date MM / DD / YYYY			
	If you checked line 14a, do NOT fill out or file Form 122A–2.				
	If you checked line 14b, fill out Form 122A-2 and file it with this	form.			