| Fill in this information to identify | your case: | | | | |
|---|--|---------------------|-----------|----------------------|--|
| Debtor 1 First Name | Middle Name | Last Name | | | |
| Debtor 2 | | | | | |
| (Spouse, if filing) First Name | Middle Name | Last Name | | | |
| United States Bankruptcy Court for the: | | District of | | | |
| Case number(If known) | | | | Check if | |
| | | | | | mended filing |
| | | | | | oplement showing post-petition error 13 income as of the following date: |
| Official Form B 6I | | | | | D/YYYY |
| | ır İncomo | | | | |
| Schedule I: You | ir income | | | | 12/13 |
| | use is not filing with you, e top of any additional pag | do not include inf | ormatio | n about your sp | you, include information about your spouse, ouse. If more space is needed, attach a known). Answer every question. |
| 1. Fill in your employment information. | | Debtor 1 | | | Debtor 2 or non-filing spouse |
| If you have more than one job, attach a separate page with information about additional employers. | Employment status | Employed Not employ | ed | | Employed Not employed |
| Include part-time, seasonal, or self-employed work. | Occupation | <u> </u> | | | |
| Occupation may Include student or homemaker, if it applies. | Occupation | | | | |
| | Employer's name | - | | | |
| | Employer's address | | | | |
| | | Number Street | | | Number Street |
| | | | | | |
| | | | | | |
| | | City | State | ZIP Code | City State ZIP Code |
| | How long employed the | re? | | | |
| Part 2: Give Details About | t Monthly Income | | | | |
| | • | n. If you have noth | ing to re | port for any line, v | write \$0 in the space. Include your non-filing |
| spouse unless you are separated If you or your non-filing spouse he below. If you need more space, a | ave more than one employe | | mation | for all employers | for that person on the lines |
| bolow. If you nood more opasse, a | itadir a doparato difect to tr | | | For Debtor 1 | For Debtor 2 or |
| | | | | roi Debtoi i | non-filing spouse |
| List monthly gross wages, sai deductions). If not paid monthly, | | | 2. | \$ | \$ |
| 3. Estimate and list monthly ove | rtime pay. | | 3. + | · \$ | + \$ |
| 4. Calculate gross income. Add li | ine 2 + line 3. | | 4. | \$ | \$ |

Official Form B 6I Schedule I: Your Income page 1

| n- | htor | 4 |
|----|------|---|

| First Name | Middle Name | Last Name | |
|------------|-------------|-----------|--|

| Case number (if known) |
|------------------------|
|------------------------|

| | | | For Debtor 1 | For Debtor 2 | | |
|---|--|-------------|---------------------|--------------|-----------------|--|
| С | opy line 4 here | → 4. | \$ | \$ | | |
| 5. Li | st all payroll deductions: | | | | | |
| | 5a. Tax, Medicare, and Social Security deductions | 5a. | \$ | _ \$ | | |
| | 5b. Mandatory contributions for retirement plans | 5b. | \$ | | | |
| | 5c. Voluntary contributions for retirement plans | 5c. | \$ | | | |
| | 5d. Required repayments of retirement fund loans | 5d. | \$ | | | |
| | 5e. Insurance | 5e. | \$ | _ | | |
| 5 | of. Domestic support obligations | 5f. | \$ | \$ | | |
| Ę | 5g. Union dues | 5g. | \$ | _ | | |
| | 5h. Other deductions. Specify: | 5h. | +\$ | _ + \$ | | |
| 6. | Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g +5h. | 6. | \$ | _ \$ | | |
| 7. (| Calculate total monthly take-home pay. Subtract line 6 from line 4. | 7. | \$ | _ \$ | | |
| 8. L | ist all other income regularly received: | | | | | |
| 8 | Ba. Net income from rental property and from operating a business, profession, or farm | | | | | |
| | Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 8a. | \$ | \$ | | |
| 1 | Bb. Interest and dividends | 8b. | \$ | | | |
| 8 | Bc. Family support payments that you, a non-filing spouse, or a depende regularly receive | ent | | | | |
| | Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | 8c. | \$ | \$ | | |
| 8 | d. Unemployment compensation | 8d. | \$ | _ \$ | | |
| 8 | Be. Social Security | 8e. | \$ | _ \$ | | |
| | Sf. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistant that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. | | \$ | \$ | | |
| | Specify: | 8f. | | | | |
| 8 | g. Pension or retirement income | 8g. | \$ | \$ | | |
| 8 | Bh. Other monthly income. Specify: | 8h. | +\$ | _ +\$ | | |
| 9. 🗚 | Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h. | 9. | \$ | \$ | | |
| | alculate monthly income. Add line 7 + line 9. dd the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | 10. | \$ | \$ | = \$ | |
| 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. | | | | | | |
| | pecify: | | valiable to pay exp | —— | 11. + \$ | |
| | dd the amount in the last column of line 10 to the amount in line 11. The rite that amount on the Summary of Schedules and Statistical Summary of C | | | | es 12. \$ | |
| Combined monthly income 13. Do you expect an increase or decrease within the year after you file this form? | | | | | | |
| Ļ | No. | | | | | |