Fill in this information to identify	your case:					
Debtor 1						
First Name	Middle Name L					
Debtor 2 (Spouse, if filing) First Name	Middle Name L	ast Name	_			
United States Bankruptcy Court for the:	District of					
Case number(If known)		Check if th	Check if this is:			
(II KIOWII)			An amended filing			
			☐ A supplement showing postpetition chapter 13 income as of the following date:			
Official Form 106I			MM / DD / YYYY			
Schedule I: You	ır Income			12/15		
supplying correct information. If yo	ou are married and not filing use is not filing with you, do top of any additional page	g jointly, and your sp o not include informa	oouse is living with you ition about your spou	r 2), both are equally responsible for ou, include information about your spouse. ise. If more space is needed, attach a nown). Answer every question.		
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 employed		☐ Employed ☐ Not employed		
Include part-time, seasonal, or self-employed work.						
Occupation may include student or homemaker, if it applies.	Occupation					
	Employer's name					
	Employer's address					
		Number Street		Number Street		
		City Sta	te ZIP Code	City State ZIP Code		
	How long employed there	•	2000	o.,		
Part 2: Give Details About	Monthly Income					
Estimate monthly income as of spouse unless you are separated		If you have nothing to	report for any line, wri	te \$0 in the space. Include your non-filing		
If you or your non-filing spouse had below. If you need more space, a	ave more than one employer, ttach a separate sheet to this	combine the informat form.	ion for all employers fo	r that person on the lines		
			For Debtor 1	For Debtor 2 or non-filing spouse		
List monthly gross wages, saldeductions). If not paid monthly,			\$	\$		
3. Estimate and list monthly over	rtime pay.	3.	+\$	+ \$		
4. Calculate gross income. Add li	ne 2 + line 3.	4.	\$	\$		

			For Debtor 1		For Debtor 2 on non-filing spo			
С	opy line 4 here	4.	\$		\$			
5. <b>L</b> i	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.	\$	_	\$			
;	5f. Domestic support obligations	5f.	\$	_	\$			
:	5g. <b>Union dues</b>	5g.	\$	-	\$			
	5h. Other deductions. Specify:	5h.	+\$	_	+ \$			
6.	<b>Add the payroll deductions</b> . 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. <b>L</b>	ist all other income regularly received:							
	8a. 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.	\$	_	\$			
	8b. Interest and dividends	8b.	\$		\$			
	8c. Family support payments that you, a non-filing spouse, or a depende regularly receive	nt	·	-				
	Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$	-	\$			
;	8d. Unemployment compensation	8d.	\$	_	\$			
	8e. Social Security	8e.	\$	-	\$			
	8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistan that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:	sce 8f.	\$	_	\$			
	8g. Pension or retirement income	8g.	\$		\$			
	8h. Other monthly income. Specify:	8h	+\$	-	+\$			
		9.	φ	1	- Ψ			
9. 1	<b>Add all other income</b> . Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.	9.	\$	_	Φ			
	alculate monthly income. Add line 7 + line 9.  Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse.	10.	\$	+	\$	=	<b>=</b> \$	
lı fı	State all other regular contributions to the expenses that you list in Scheon clude contributions from an unmarried partner, members of your household, yriends or relatives.	our d	lependents, your ro		•			
	On not include any amounts already included in lines 2-10 or amounts that are			ense	s listed in Sched		_	
S	Specify:				_	11. <b>+</b>	\$	
	Add the amount in the last column of line 10 to the amount in line 11. The Vrite that amount on the Summary of Your Assets and Liabilities and Certain S				•	12.	\$ Combined	
	Do you expect an increase or decrease within the year after you file this f  No.  Yes. Explain:	form?	,				monthly inc	come