

**Annual Statement Pursuant to 11 U.S.C. § 521(f) and (g)**

*This form should be completed by April 15<sup>th</sup> each year and submitted to:*

**RICK A. YARNALL**  
**CHAPTER 13 BANKRUPTCY TRUSTEE**  
 701 Bridger Ave., Suite 820  
 Las Vegas, Nevada 89101  
 Phone (702) 853-4500 Fax (702) 853-4513

Debtor Name(s): \_\_\_\_\_ Case No.: \_\_\_\_\_ Date: \_\_\_\_\_

**A. Does anyone else share responsibility for the support of your dependents?**

- Yes. [On a separate page, identify the individual and their support responsibilities.]
- No.

**B. Does anyone else contribute financially to your household?**

- Yes. [On a separate page, identify the individual, your relationship with the individual, and describe the amount and type of support provided.]
- No.

**C. Current monthly income:** The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child.

Debtor's Marital Status:	DEPENDENTS OF DEBTOR AND SPOUSE	
	RELATIONSHIP(S):	AGE(S):
	<b>DEBTOR</b>	<b>SPOUSE</b>
<b>Employment</b>		
Name of Employer(s)		
How long employed Address of Employer		

INCOME: (Estimate of average monthly income at the time this statement is submitted)	DEBTOR	SPOUSE
1. Monthly gross wages, salary, tips, and commissions (Prorate if not paid monthly)	\$ _____	\$ _____
2. Estimate monthly overtime	\$ _____	\$ _____
3. SUBTOTAL	\$ _____	\$ _____
4. LESS PAYROLL DEDUCTIONS		
a. Payroll taxes and social security	\$ _____	\$ _____
b. Insurance	\$ _____	\$ _____
c. Union dues	\$ _____	\$ _____
d. Other (Specify): _____	\$ _____	\$ _____
5. SUBTOTAL OF PAYROLL DEDUCTIONS	\$ _____	\$ _____
6. TOTAL NET MONTHLY TAKE HOME PAY	\$ _____	\$ _____
7. Regular income from operation of business or profession or farm (Attach detailed statement)	\$ _____	\$ _____
8. Income from real property	\$ _____	\$ _____
9. Interest and dividends	\$ _____	\$ _____
10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above	\$ _____	\$ _____
11. Social security or government assistance (Specify): _____	\$ _____	\$ _____
12. Pension or retirement income	\$ _____	\$ _____
13. Other monthly income (Specify): _____	\$ _____	\$ _____
14. SUBTOTAL OF LINES 7 THROUGH 13	\$ _____	\$ _____
15. AVERAGE MONTHLY INCOME (Add amounts on lines 6 and 14)	\$ _____	\$ _____
16. COMBINED AVERAGE MONTHLY INCOME: (Combine column totals from line 15)	\$ _____	

**D. Current Monthly Expenses:** Complete this schedule by estimating the average monthly expenses of the debtor and the debtor's family at the time this statement is submitted. Prorate any payments made bi-weekly, quarterly, semi-annually, or annually to show monthly rate.

Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse."

- 1. Rent or home mortgage payment (include lot rented for mobile home) \$ \_\_\_\_\_
  - a. Are real estate taxes included? Yes \_\_\_\_\_ No \_\_\_\_\_
  - b. Is property insurance included? Yes \_\_\_\_\_ No \_\_\_\_\_
- 2. Utilities: a. Electricity and heating fuel \$ \_\_\_\_\_
  - b. Water and sewer \$ \_\_\_\_\_
  - c. Telephone \$ \_\_\_\_\_
  - d. Other \$ \_\_\_\_\_
- 3. Home maintenance (repairs and upkeep) \$ \_\_\_\_\_
- 4. Food \$ \_\_\_\_\_
- 5. Clothing \$ \_\_\_\_\_
- 6. Laundry and dry cleaning \$ \_\_\_\_\_
- 7. Medical and dental expenses \$ \_\_\_\_\_
- 8. Transportation (not including car payments) \$ \_\_\_\_\_
- 9. Recreation, clubs and entertainment, newspapers, magazines, etc. \$ \_\_\_\_\_
- 10. Charitable contributions \$ \_\_\_\_\_
- 11. Insurance (not deducted from wages or included in home mortgage payments)
  - a. Homeowner's or renter's \$ \_\_\_\_\_
  - b. Life \$ \_\_\_\_\_
  - c. Health \$ \_\_\_\_\_
  - d. Auto \$ \_\_\_\_\_
  - e. Other: \_\_\_\_\_ \$ \_\_\_\_\_
- 12. Taxes (not deducted from wages or included in home mortgage payments) \$ \_\_\_\_\_  
(Specify) \_\_\_\_\_
- 13. Installment payments: (do not list payments to be included in the plan)
  - a. Auto \$ \_\_\_\_\_
  - b. Other: \_\_\_\_\_ \$ \_\_\_\_\_
  - c. Other: \_\_\_\_\_ \$ \_\_\_\_\_
- 14. Alimony, maintenance, and support paid to others \$ \_\_\_\_\_
- 15. Payments for support of additional dependents not living at your home \$ \_\_\_\_\_
- 16. Regular expenses from operation of business, profession, or farm (attach detailed statement) \$ \_\_\_\_\_
- 17. Other: \_\_\_\_\_ \$ \_\_\_\_\_
- 18. AVERAGE MONTHLY EXPENSES (Total lines 1-17) \$ \_\_\_\_\_

19. Describe any increase or decrease in income and/or expenditures reasonably anticipated to occur within the year following the completion of this document:

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20. STATEMENT OF MONTHLY NET INCOME
- a. Average monthly income from section C line 15. \$ \_\_\_\_\_
  - b. Average monthly expenses from section D line 18. \$ \_\_\_\_\_
  - c. Monthly net income (a. minus b.) \$ \_\_\_\_\_

**Declaration Under Penalty of Perjury by Debtor(s)**

**By signing below, I/we declare under penalty of perjury that the information provided is true and correct to the best of my/our knowledge and belief.**

Debtor 1: \_\_\_\_\_

Date: \_\_\_\_\_

Debtor 2: \_\_\_\_\_

Date: \_\_\_\_\_