In re: Jack Weinzierl

Case Number: 08-42155-R

According to the calculations required by this statement:
☐ The presumption arises.
☐ The presumption does not arise.

(Check the box as directed in Parts I, III, and VI of this statement.)

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, whether or not filing jointly. Joint debtors may complete one statement only.

		Part I. EXCLUSION FOR DISABLED	VETERANS AND NO	N-CONSU	MER DEBTOR	RS
	Vete	u are a disabled veteran described in the Veteran ran's Declaration, (2) check the box for "The pres verification in Part VIII. Do not complete any of th	umption does not arise" a	t the top of th		
1A	defin	Veteran's Declaration. By checking this box, I doed in 38 U.S.C. § 3741(1)) whose indebtedness doed in 10 U.S.C. § 101(d)(1)) or while I was performant.	occurred primarily during	a period in wh	nich I was on activ	e duty (as
1B		ur debts are not primarily consumer debts, check plete any of the remaining parts of this statement.		ete the verifica	ation in Part VIII.	Do not
		Declaration of non-consumer debts. By check	ing this box, I declare that	my debts are	e not primarily con	sumer debts.
		Part II. CALCULATION OF MONT	HLY INCOME FOR §	707(b)(7)	EXCLUSION	
2	Mari a. ☐ b. ☐ c. ☑	Married, not filing jointly, with declaration of se penalty of perjury: "My spouse and I are legall are living apart other than for the purpose of e Complete only Column A ("Debtor's Income Married, not filing jointly, without the declaration Complete both Column A ("Debtor's Income	ptor's Income") for Lines eparate households. By d y separated under applicative vading the requirements of e") for Lines 3-11. on of separate households e") and Column B ("Spot	a 3-11. hecking this belie non-bank of § 707(b)(2) a set out in Lir use's Income	nox, debtor declare truptcy law or my s (A) of the Bankrup ne 2.b above. b") for Lines 3-11	es under spouse and I stcy Code."
	during of the mont	gures must reflect average monthly income receiving the six calendar months prior to filing the bankle month before the filing. If the amount of monthliths, you must divide the six-month total by six, an	ruptcy case, ending on the y income varied during the	last day	Column A Debtor's Income	Column B Spouse's Income
	appr	opriate line.			moome	moome
3		ss wages, salary, tips, bonuses, overtime, com			\$0.00	\$0.00
4	Line more detai	me from the operation of a business, professi- a and enter the difference in the appropriate colu- e than one business, profession or farm, enter agg ils on an attachment. Do not enter a number less the business expenses entered on Line b as a d	mn(s) of Line 4. If you op gregate numbers and prov than zero. Do not inclu	erate vide		
	a.	Gross receipts	\$0.00	\$0.00		
	b.	Ordinary and necessary business expenses	\$986.17	\$0.00		
	C.	Business income	Subtract Line b from Line	e a	\$0.00	\$0.00
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 b as a deduction in Part V.						
	a.	Gross receipts	\$0.00	\$0.00		
	b.	Ordinary and necessary operating expenses	\$0.00	\$0.00		
	С.	Rent and other real property income	Subtract Line b from Line	ea	\$0.00	\$0.00

6	Interest, dividends, and royalties.		\$0.00	\$0.00		
7	Pension and retirement income.			\$0.00		
	Pension and retirement income. \$8,883.33 Any amounts paid by another person or entity, on a regular basis, for the household					
8	expenses of the debtor or the debtor's dependents, including child					
	that purpose. Do not include alimony or separate maintenance payme	nts or amounts		**		
	paid by your spouse if Column B is completed.	- l	\$0.00	\$0.00		
	Unemployment compensation. Enter the amount in the appropriate of However, if you contend that unemployment compensation received by					
	spouse was a benefit under the Social Security Act, do not list the amo					
9	compensation in Column A or B, but instead state the amount in the sp					
	Unemployment compensation claimed to be a Debtor	Spouse				
	benefit under the Social Security Act \$0.00	\$0.00	\$0.00	\$0.00		
	Income from all other sources. Specify source and amount. If neces	=				
	sources on a separate page. Do not include alimony or separate m					
	payments paid by your spouse if Column B is completed, but inclu payments of alimony or separate maintenance. Do not include any b					
10	under the Social Security Act or payments received as a victim of a war					
	against humanity, or as a victim of international or domestic terrorism.	,				
	a.					
	b.					
	Total and enter on Line 10		\$0.00	\$0.00		
	Subtotal of Current Monthly Income for § 707(b)(7). Add Lines 3 thru	10 in Column A.				
11	and, if Column B is completed, add Lines 3 through 10 in Column B. E		\$8,883.33	\$0.00		
	Total Current Monthly Income for § 707(b)(7). If Column B has been					
12	Line 11, Column A to Line 11, Column B, and enter the total. If Column	B has not been	\$8.	883.33		
	completed, enter the amount from Line 11, Column A.		Ψο,			
	Part III. APPLICATION OF § 707(b)(7) EXCLUSION	I			
13	Annualized Current Monthly Income for § 707(b)(7). Multiply the amo	unt from Line 12 by	the number 12	\$400 F00 00		
	and enter the result.			\$106,599.96		
	Applicable median family income. Enter the median family income for size. (This information is available by family size at www.usdoj.gov/ust	• •				
14	court.)	or from the clerk of	ine bankrupicy			
	,		lalaina. F	#CO 444 00		
		er debtor's househol	ld size: 5	\$68,411.00		
	Application of Section 707(b)(7). Check the applicable box and proceed					
	☐ The amount on Line 13 is less than or equal to the amount on		•	•		
15	arise" at the top of page 1 of this statement, and complete Part VIII	; do not complete Pa	irts IV, V, VI, or VII			
	☑ The amount on Line 13 is more than the amount on Line 14.Co	mplete the remaining	g parts of this state	ement.		
	Complete Parts IV, V, VI, and VII of this statement	only if required. (Se	ee Line 15.)			
	Part IV. CALCULATION OF CURRENT MONTH	ILY INCOME FO	R § 707(b)(2)			
16	Enter the amount from Line 12.			\$8,883.33		
	Marital adjustment. If you checked the box at Line 2.c, enter on Line					
	Line 11, Column B that was NOT paid on a regular basis for the household expenses of the debtor or the					
	debtor's dependents. Specify in the lines below the basis for excluding payment of the spouse's tax liability or the spouse's support of persons					
	debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional					
17						
	a.					
	b.					
	c.					
	Total and enter on line 17.					
	Total and enter on line 17.			\$0.00		

	Part V. CALCULATION OF DEDUCTIONS FROM INCOME						
	Subpart A: Deductions under Standards of the Internal Revenue Service (IRS)						
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 household size. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)						\$1,632.00
19B	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 www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the number of members of your household who are under 65 years of age, and enter in Line b2 the number of members of your household who are 65 years of age or older. (The total number of household members must be the same as the number stated in Line 14b.) Multiply Line a1 by Line b1 to obtain a total amount for household members under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for household members 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.						
	Household members under 65 ye	ears of age	Hou	sehold members 6	5 years of	age or older	
	a1. Allowance per member	\$57.00	a2.	Allowance per mer	mber	\$144.00	
	b1. Number of members	5	b2.	Number of membe	rs		
	c1. Subtotal	\$285.00	c2.	Subtotal		\$0.00	\$285.00
20A	Local Standards: housing and util and Utilities Standards; non-mortgaç information is available at www.usdo	ge expenses for th oj.gov/ust/ or from	e appl the cle	cable county and hork of the bankruptcy	ousehold si court.)	ize. (This	\$587.00
20B	Local Standards: housing and util IRS Housing and Utilities Standards information is available at www.usdo total of the Average Monthly Paymer Line b from Line a and enter the res	; mortgage/rent ex bj.gov/ust/ or from nts for any debts s	pense the cle secured	for your county and rk of the bankruptcy by your home, as s	household court); ent tated in Lir	d size (this ter on Line b the ne 42; subtract	
	a. IRS Housing and Utilities Star					\$1,486.00	
	b. Average Monthly Payment for any, as stated in Line 42	any debts secure	d by yo	our home, if		\$6,977.89	
	c. Net mortgage/rental expense					b from Line a.	\$0.00
21	Local Standards: housing and utilities; adjustment. If you contend that the process set out in Lines 20A and 20B does not accurately compute the allowance to which you are entitled under the IRS Housing and Utilities Standards, enter any additional amount to which you contend you are entitled, and state the basis for your contention in the space below:						
	Local Standards: transportation; vehicle operation/public transportation expense. You are entitled to an expense allowance in this category regardless of whether you pay the expenses of operating a vehicle and regardless of whether you use public transportation.						
22A	Check the number of vehicles for which you pay the operating expenses or for which the operating expenses are included as a contribution to your household expenses in Line 8. If you checked 0, enter on Line 22A the "Public Transportation" amount from IRS Local Standards: Transportation. If you checked 1 or 2 or more, enter on Line 22A the "Operating Costs" amount from IRS Local Standards: Transportation for the applicable number of vehicles in the applicable Metropolitan Statistical Area or Census Region. (These amounts are available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)					\$456.00	

	(Official Form 22A) (Chapter 7) (01/08)				
22B	www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)				
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.) In the proof of the least expense for more than two vehicles.) In the proof of the least expense for more than two vehicles.) In the least expense (You may not claim an ownership/lease expense. (You may not claim an ownership/lease expense. (You may not claim an ownership/lease expense.) In the least expense (You may not claim an ownership/lease expense. (You may not claim an ownership/lease expense.) In the least expense (You may not claim an ownership/lease expense.) In the least expense (You may not claim an ownership/lease expense.) In the least expense (You may not claim an ownership/lease expense.) In the least expense (You may not claim an ownership/lease expense.) In the least expense (You may not claim an ownership/lease expense.) In the least expense (You may not claim an ownership/lease expense.) In the least expense (You may not claim an ownership/lease expense.) In the least expense (You may not claim an ownership/lease expense.) In the least expense (You may not claim an ownership/lease expense.) In the least expense (You may not claim an ownership/lease expense.) In the least expense (You may not claim an ownership/lease expense.) In the least expense (You may not claim an ownership/lease expense.) In the least expense (You may not claim an ownership/lease expense.) In the least expense (You may not claim an ownership/lease expense.) In the least expense (You may not claim an ownership/lease expense.) In the least expense (You may not claim an ownership/lease expense.) In the least expense (You may not claim an ownership/lease expense.) In the least expense (You may not claim an ownership/lease expense.) In the least expense (You may not claim an ownership/lease expense.) In the least expense (You may not claim an ownership/lease expense.) In the least ex				
	a. IRS Transportation Standards, Ownership Costs \$489.00 b. Average Monthly Payment for any debts secured by Vehicle 1, as	0			
	stated in Line 42 \$636.25 c. Net ownership/lease expense for Vehicle 1 Subtract Line b from Line a.	\$0.00			
	Local Standards: transportation ownership/lease expense; Vehicle 2.				
24	Complete this Line only if you checked the "2 or more" Box in Line 23. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 42; subtract Line b from Line a and enter the result in Line 24. DO NOT ENTER AN AMOUNT LESS THAN ZERO.				
	a. IRS Transportation Standards, Ownership Costs \$489.0	0			
	b. Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42 \$0.00	0			
	c. Net ownership/lease expense for Vehicle 2 Subtract Line b from Line a.	\$489.00			
25	Other Necessary Expenses: taxes. Enter the total average monthly expense that you actually incur for federal, state, and local taxes, other than real estate and sales taxes, such as income taxes, self-employment taxes, social-security taxes, and Medicare taxes. DO NOT INCLUDE REAL ESTATE OR SALES TAXES.	all \$0.00			
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.	\$0.00			
27	Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually part 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.	y \$0.00			
28	Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. DO NOT INCLUDE PAYMENTS ON PAST DUE OBLIGATIONS INCLUDED IN LINE 44.				
29	Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.				
30	Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on childcaresuch as baby-sitting, day care, nursery and preschool. DO NOT INCLUDE OTHER EDUCATIONAL PAYMENTS.				
31	Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 19B. DO NOT INCLUDE PAYMENTS FOR HEALTH INSURANCE OR HEALTH SAVINGS ACCOUNTS LISTED IN LINE 34.				

	\$50.00
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RY.	
t	\$0.00
	\$400.00
\$	1,000.00

			Subpart C: Deductions for Deb	t Payment			
	Future payments on secured claims. For each of your debts that is secured by an interest in property that you own, list the name of creditor, identify the property securing the debt, state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts scheduled as contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total of the Average Monthly Payments on Line 42.						
42		Name of Creditor	Property Securing the Debt	Average	Does payment		
				Monthly	include taxes		
		DOTE HEALL C Marradas	2000 Marcados MI 250	Payment	or insurance?		
	a. b.	DCFS USA LLC-Mercedes First Horizon Home Loan	2008 Mercedes ML350 Homestead located at 891 V	\$0 \$5,625	.00		
	C.	First Tennessee Bank	2nd lien	\$3,023 \$1,352			
	0.	(See continuation page.)	Ziid iidii	Total: Add	Joe File		
		(ess semination pages)		Lines a, b an	d c.	\$7,614.12	
43	amou	dition to the payments listed in Liunt would include any sums in deformer. List and total any such are parate page. Name of Creditor	ault that must be paid in order to	avoid reposse ecessary, list a	ssion or		
	a.						
	b.						
	C.			T-4-1	Add the second	***	
	<u></u>				Add Lines a, b and c	\$0.00	
44	as pr filing	nents on prepetition priority cla riority tax, child support and alimo . DO NOT INCLUDE CURRENT oter 13 administrative expenses	ny claims, for which you were lial OBLIGATIONS, SUCH AS THOS	ole at the time of	of your bankruptcy I LINE 28.	\$0.00	
	follov expe	wing chart, multiply the amount in nse.	line a by the amount in line b, an	d enter the res	ulting administrative		
	a.	Projected average monthly chap	ter 13 plan payment.		\$0.00		
45	b. Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)						
	c.	Average monthly administrative	expense of chapter 13 case	Total: N	Multiply Lines a and b	\$0.00	
46	Tota	I Deductions for Debt Payment.	Enter the total of Lines 42 throug	jh 45.		\$7,614.12	
		:	Subpart D: Total Deductions from	om Income			
47	Tota	l of all deductions allowed under	er § 707(b)(2). Enter the total of	Lines 33, 41, a	nd 46.	\$12,113.12	
		Part VI. DE	TERMINATION OF § 707(b)(2) PRESU	MPTION		
48	Ente	r the amount from Line 18 (Curi	rent monthly income for § 707(I	0)(2))		\$8,883.33	
49	9 Enter the amount from Line 47 (Total of all deductions allowed under § 707(b)(2))					\$12,113.12	
50	Monthly disposable income under § 707(b)(2). Subtract Line 49 from Line 48 and enter the result.					(\$3,229.79)	
	60	60-month disposable income under § 707(b)(2). Multiply the amount in Line 50 by the number 60 and enter the result.					

	Initial presumption determination. Check the applicable box and proceed as directed.						
	The amount on Line 51 is less than \$6,575. 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.						
52							
	The amount on Line 51 is at least through 55).	\$6,575, but not more than \$10,950. Com	plete the remainder of Part VI (Lines 53				
53	Enter the amount of your total non-pr	iority unsecured debt					
54	Threshold debt payment amount.Mult	iply the amount in Line 53 by the number 0	0.25 and enter the result.				
	Secondary presumption determinatio	n. Check the applicable box and proceed	as directed.				
55	_	an the amount on Line 54.Check the box to complete the verification in Part VIII.	or "The presumption does not arise" at the				
		o or greater than the amount on Line 540 nt, and complete the verification in Part VIII	Check the box for "The presumption arises" . You may also complete Part VII.				
	Part	VII: ADDITIONAL EXPENSE CLAI	MS				
	and welfare of you and your family and t	hat you contend should be an additional d list additional sources on a separate page	n this form, that are required for the health eduction from your current monthly income e. All figures should reflect your average				
56	Exp	pense Description	Monthly Amount				
	a.						
	b.						
	c.						
		Total: Add Lines a, b	and c				
		Part VIII: VERIFICATION					
	I declare under penalty of perjury that the information provided in this statement is true and correct. (If this is a joint case, both debtors must sign.)						
57	Date: <u>08/22/2008</u>	Signature: /s/ Jack Weinzier	(Debtor)				
Date: Signature:(Joint Debtor, if any)							

42. Future payments on secured claims (continued):

Name of Creditor	Property Securing the Debt	Average Monthly Payment	Does payment include taxes or insurance?
GMAC	2007 GMC Yukon	\$636.23	yes √ no