F	ill in this inf	ormation to i	dentify your case	:		e box only as directed in this in Form 122A-1Supp:		
D	ebtor 1	Thomas First Name	J Middle Name	Herbst Last Name	_	no presumption of abuse.		
	ebtor 2 Spouse, if filing)		Middle Name	Last Name		ulation to determine if a presumption applies will be made under Chapter 7		
U	Inited States Bar	nkruptcy Court fo	r the: NORTHERN D	IST. OF CALIFORNIA		est Calculation (Official Form 122A-2)		
Case number (if known)		19-52037 SLJ				3. The Means Test does not apply now because of qualified military service but it could apply later.		
<u>O1</u>	fficial Form	122A-1			Check if t	his is an amended filing		
CI	hapter 7 S	tatement o	f Your Current	Monthly Income	200 28	10/1		
info are mil 122	ormation applie exempted fror litary service, c 2A-1Supp) with	es. On the top on a presumption omplete and file this form.	f any additional pages of abuse because yo	ou do not have primarily c tion from Presumption of	se number (if know onsúmer debts or b	n). If you believe that you ecause of qualifying		
1.	What is your	marital and filin	g status? Check one	only.				
	✓ Not mare							
Married and your spouse is filing with you. Fill out both Columns A and B, lines 2-11.								
	☐ Married	and your spous	e is NOT filing with yo	ou. 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.								
	deci	lare under penalt	y of perjury that you an	d your spouse are legally s	eparated under nonb	olumn B. By checking this box, you ankruptcy law that applies or that you quirements. 11 U.S.C. § 707(b)(7)(B).		
	bankruptcy c August 31. If in the result. I	ase. 11 U.S.C. the amount of yo Do not include ar	§ 101(10A). For exam ur monthly income var ly income amount more	ple, if you are filing on Sept ied during the 6 months, ad	ember 15, the 6-mon d the income for all 6 if both spouses own (months before you file this th period would be March 1 through months and divide the total by 6. Fill the same rental property, put the e space.		
					Column A Debtor 1	Column B Debtor 2 or non-filing spouse		
2.		rages, salary, tip rroll deductions).	s, bonuses, overtime	, and commissions	\$0.00			
3.	Alimony and if Column B is	•	yments. Do not includ	de payments from a spouse	\$0.00			
4.	expenses of y regular contrib your depende	you or your depo outions from an u nts, parents, and	roommates. Include re		\$0.00			

Case: 19-52037 Official Form 122A-1 Doc# 10 Filed: 10/18/19 Entered: 10/18/19 14:28:02 Page 1 of 3 page 1

Column A Debtor 1

Column B Debtor 2 or

						non-filing spous	
5.	Net income from operating a busine	ess, profession, o	r farm				
		Debtor 1	Debtor 2				
	Gross receipts (before all deductions)	\$0.00	****	-			
	Ordinary and necessary operating – expenses	\$0.00		- Copy			
	Net monthly income from a business, profession, or farm	\$0.00		here	\$0.00		
6.	Net income from rental and other re						
		Debtor 1	Debtor 2				
	Gross receipts (before all deductions)	\$1,604.67		_			
	Ordinary and necessary operating - expenses	\$0.00		-			
	Net monthly income from rental or other real property	\$1,604.67	***************************************	Copy _ here →	\$1,604.67		
7.	Interest, dividends, and royalties				\$0.00		
8.	Unemployment compensation				\$0.00		
	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		\$0	.00			
	For your spouse						
9.	Pension or retirement income. Do was a benefit under the Social Securinext sentence, do not include any conallowance paid by the United States of disability, combat-related injury or disuniformed services. If you received a of title 10, then include that pay only amount of retired pay to which you wounder any provision of title 10 other the	ity Act. Also, except mpensation, pension of the second ability, or death of any retired pay paid to extent that it doe buld otherwise be e	ot as stated in the on, pay, annuity, on ection with a a member of the I under chapter 6's not exceed the ntitled if retired	D r	\$1,687.00		
10.	Income from all other sources not amount. Do not include any benefits payments received as a victim of a w international or domestic terrorism; or or allowance paid by the United State disability, combat-related injury or dis uniformed services. If necessary, list and put the total below.						

Case: 19-52037 Official Form 122A-1 Doc# 10 Filed: 10/18/19 Entered: 10/18/19 14:28:02 Chapter 7 Statement of Your Current Monthly Income

Total amounts from separate pages, if any.

Deb	otor 1 Thomas J Herbst			Case number (if known) 19	9-52037 SLJ 7		
	Calculate your total current mon Add lines 2 through 10 for each co Then add the total for Column A to	olumn. o the total for Column B.		Column A Debtor 1 Debtor non-fili \$3,291.67			
		er the Means Test Appl					
12. Calculate your current monthly income for the year. Follow these steps:							
	12a. Copy your total current mor	otal current monthly income from line 11					
	Multiply by 12 (the number	of months in a year).			X 12		
	12b. The result is your annual in	come for this part of the form			12b. \$39,500.04		
13. Calculate the median family income that applies to you. Follow these steps:							
	Fill in the state in which you live. Californ						
	Fill in the number of people in you	ır household.	1				
	Fill in the median family income for	or your state and size of hous	ehold		13. \$57,962.00		
	To find a list of applicable median instructions for this form. This list						
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, <i>There is no presumption of abuse.</i> Go to Part 3.						
	14b. Line 12b is more than Go to Part 3 and fill ou		, check box 2, The	presumption of abuse is dete	rmined by Form 122A-2.		
Pa	art 3: Sign Below						
	By signing here, I declare under X Thomas J Herbst, Debtor 1 Date MM / DD / YYYYY	Houls	_ X	atement and in any attachmen ature of Debtor 2 MM / DD / YYYY	its is true and correct.		

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.