



Monthly Statement of Income and Expenses

Month of: _____ / _____
Office / Month of bky

Name: _____ Phone Number: (H) _____ (W) _____ (C) _____

Address: _____

of persons in household family unit, including bankrupt: _____ Has your address recently changed? Yes _____ No _____

| Income (Attach pay stubs/verification) | Monthly | Non-Discretionary Expenses (Attach receipts) | Monthly |
|--|----------------|---|----------------|
| Net employment income | | Child support payments | |
| Net employment income of spouse | | Spousal support payments | |
| Net pensions/annuities | | Child care | |
| Net child/spousal support | | Medical expenses | |
| Net child tax/universal child care benefits | | Fines/penalties existing at date of bankruptcy | |
| Net EI benefits/social assistance | | Interest on student loans | |
| Net self-employment income | | | |
| Other income – describe | | | |
| Total monthly income (A) | | Total monthly non-discretionary expenses (B) | |
| Discretionary Expenses (Do not send receipts) | | | |
| | Monthly | | Monthly |
| Housing Expenses | | Living Expenses | |
| Rent/Mortgage(s) | | Food/Grocery | |
| Property taxes/Condo fees | | Laundry/Dry Cleaning | |
| Heating/Gas/Oil | | Grooming/Toiletries | |
| Telephone/Cell/Internet | | Clothing | |
| Cable/Internet | | Bank Charges/Newspaper | |
| Hydro | | Other – | |
| Water | | Transportation Expenses | |
| Home Maintenance | | Car Lease/Payments | |
| Other – | | Repair/Maintenance/Gas | |
| Personal Expenses | | Public Transportation | |
| Smoking | | Other – | |
| Alcohol | | Insurance Expenses | |
| Dining/Lunches/Restaurants | | Vehicle | |
| Entertainment/Sports | | House | |
| Gifts/Charitable Donations | | Furniture/Contents | |
| Allowances | | Life Insurance | |
| Education | | Other – | |
| Other – | | Payments | |
| | | To the Trustee | |
| | | To secured creditor | |
| | | Other – | |
| | | Total Monthly Discretionary Expenses (C) | |

| | | |
|---|-----|---------------------------------------|
| Superintendent Standard Calculation | | (Family of _____ / Standard \$ _____) |
| Total Income | | \$ _____ ((A) from above) |
| Minus: Superintendent Standard (SS) for ___ persons | | \$ - _____ |
| Non-discretionary Expenses (receipts must be attached) | | \$ - _____ ((B) from above) |
| Income after SS Deduction | (G) | \$ _____ |
| Surplus payment – 50% of the amount in line (G) | (H) | \$ _____ |

NOTE: The greater of (H) or your bankruptcy fee must be sent to the Trustee by the 10th day of each month. Failure to do so, may delay your Automatic discharge.

Statement of Self Employment - please attach bank statement to verify income

| | | |
|--|-----------------|--------------|
| Total self-employment income (not including GST) | (a) | \$ _____ |
| Minus: Self-employment expenses (list) | | |
| _____ | | _____ |
| _____ | | _____ |
| _____ | | _____ |
| Total self-employment expenses | (b) | _____ |
| Income less expenses..... | (a) minus (b) = | (c) _____ |
| Minus: Tax and CPP withholdings (See (f) for amount).... | (d) | (_____) |
| Net Self employment income..... | (c) minus (d) = | (e) \$ _____ |

***NOTE: Your taxes must be remitted to Canada Revenue Agency on a monthly basis and you are required to supply proof of payment.** You can contact them at 1-800-959-8281 to obtain personalized remittance forms to either mail in payment or pay at your bank. Please ensure you are completing your GST returns and remitting payment if applicable. Proof of this payment is also required.

The tax calculation should be based on the amount at line (c) *Use tax table below*

Tax Table

| | |
|---------------------------------------|-------|
| on first \$1,250 x 10% | _____ |
| on next \$1,250 x 15% | _____ |
| on next \$1,250 x 20% | _____ |
| on next \$1,250 x 25% | _____ |
| on next \$2,500 x 27% | _____ |
| on next \$2,500 x 30% | _____ |
| on income greater than \$10,000 x 39% | _____ |

You should be withholding 9.9% of _____

(c) for CPP Payment [9.9% x (c)] _____ (to a maximum of \$3,979.80)

TOTAL (f) \$ _____

EDMONTON:

Northgate
2080, 9499 – 136 Avenue
Phone (780) 406-0705
Fax (780) 413-9666

Scotia Place
1701, 10060 Jasper Avenue
Phone (780) 414-1133
Fax (780) 413-9666

West End
51, 10203 – 178 Street
Phone (780) 414-1133
Fax (780) 413-9666

South Side
201, 6030 88 Street
Phone (780)414-1133
Fax (780)413-9666

**Fort McMurray
Camrose*
Wetaskiwin***
*appointment only

CALGARY:

Downtown
900, 833 – 4 Avenue SW
Phone (403) 298-5800
Fax (403) 296-2988

South
450, 11012 Macleod Trail SE
Phone (403) 296-2995
Fax (403) 296-2988

Sunridge
408, 2675 – 36 Street NE
Phone (403) 296-2990
Fax (403) 296-2988

Market Mall
212, 4935 – 40 Avenue NW
Phone (403) 296-2996
Fax (403) 296-2988

Airdrie
225 1st Street NW
*appointment only