

Monthly Statement of Income and Expenses for the Month of: _____ / _____

Name: _____ Phone Number: (H) _____ (W) _____ (C) _____ Office / Month of bky

Address: _____

of persons in household family unit, including bankrupt: _____ Different address from your last statement? 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		Other expenses –	
Net self-employment income			
Other income – describe			
Total monthly income (A)		Total monthly non-discretionary expenses	

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 estate	
		To secured creditor	
		Other –	
		Total Monthly Discretionary Expenses	

The above is an accurate statement of my income and expenses as witnessed by my signature.

Signature

Date

THIS STATEMENT, AND THE GREATER OF YOUR BANKRUPTCY FEE OR THE SUPERINTENDENT STANDARD PAYMENT (REVERSE) MUST BE FORWARDED TO THE TRUSTEE BY THE 10TH DAY OF THE FOLLOWING MONTH

Superintendent Standard Calculation (Family of ____/ Standard \$ _____)

Total Income from (A) on Front		\$ _____
Less: Superintendent Standard (SS) for ____ persons	\$ _____	
Non-discretionary Expenses (receipts must be attached)	_____	

Income after SS Deduction		\$ _____
Surplus payment – 50% of Income after SS Deduction if less than \$1,000		(g) \$ _____
If Income after SS Deduction is greater than \$1,000 – then 50% of first \$1,000	\$ _____	
60% of next \$1,000	\$ _____	
75% of anything over \$2,000	\$ _____	
Total		(g) \$ _____

NOTE: The greater of (g) or your bankruptcy fee must be remitted to the Trustee each month.
Failure to do so may result in a delay in you obtaining your Absolute Discharge.

Statement Of Self Employment

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

* NOTE: your taxes should be remitted to Canada Revenue Agency on a quarterly/monthly basis.
Also, ensure you are completing your GST returns and remitting payment if applicable.

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 \$3,346.40)
TOTAL (f) \$ _____

EDMONTON:

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

Capital Place
312, 9707 – 110 Street
Phone (780) 414-1133
Fax (780) 413-9666

South
201, 9811– 34 Avenue
Phone (780) 495-8100
Fax (780) 413-9666

RED DEER:
209, 4815 Gaetz Avenue
Phone (403) 346-1076
Fax (403) 346-4120

CALGARY:

Downtown
400, 602 – 11 Avenue SW
Phone (403) 298-5800
Fax (403) 296-2988

South
400, 7015 Macleod Trail SW
Phone (403) 296-2995
Fax (403) 296-2988

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

Market Mall
226, 4935 – 40 Avenue NW
Phone (403) 296-2996
Fax (403) 296-2988