



# 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			
<b>Total monthly income (A)</b>		<b>Total monthly non-discretionary expenses (B)</b>	
<b>Discretionary Expenses (Do not send receipts)</b>			
	<b>Monthly</b>		<b>Monthly</b>
<b>Housing Expenses</b>		<b>Living Expenses</b>	
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		<b>Transportation Expenses</b>	
Home Maintenance		Car Lease/Payments	
Other –		Repair/Maintenance/Gas	
<b>Personal Expenses</b>		Public Transportation	
Smoking		Other –	
Alcohol		<b>Insurance Expenses</b>	
Dining/Lunches/Restaurants		Vehicle	
Entertainment/Sports		House	
Gifts/Charitable Donations		Furniture/Contents	
Allowances		Life Insurance	
Education		Other –	
Other –		<b>Payments</b>	
		To the Trustee	
		To secured creditor	
		Other –	
		<b>Total Monthly Discretionary Expenses (C)</b>	

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

**NOTE:** The greater of (H) or your bankruptcy fee must be sent to the Trustee by the 10<sup>th</sup> 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 1<sup>st</sup> Street NW  
\*appointment only