

**SUPPLEMENT TO OFFICIAL FORM B103B**

**SUPPLEMENTAL INFORMATION FOR IFP REQUEST**

(Must Be **Completed Entirely** By All Applicants: Note N/A on Inapplicable Lines)

1. Provide the following information about all sources of **monthly** income/money/benefits received:

|   |         |               |
|---|---------|---------------|
| Wages/Contract for labor/services         | \$_____ |               |
| Any pension or annuity payments           | \$_____ |               |
| Social security or disability             | \$_____ |               |
| Food stamps                               | \$_____ |               |
| Medicaid/Medicare                         | \$_____ |               |
| Temporary Aid for Needy Families          | \$_____ |               |
| Public or other housing subsidy           | \$_____ |               |
| Workers compensation payments             | \$_____ |               |
| Unemployment insurance payments           | \$_____ |               |
| Other government aid or non-wage payments | \$_____ | Source: _____ |
| Family/friend assistance                  | \$_____ |               |
| Child/spousal support/maintenance         | \$_____ |               |
| <b>Total of all sources:</b>              | \$_____ |               |

2. If you are self-employed please identify the average amount received **each month** from your business/services; if payments for your work are deposited; and, where or how those payments are tracked for taxes (W-2 and 1099):

| <b>Average Monthly Revenue/Income</b> | <b>Average Monthly Business Expenses</b> | <b>How/Where Deposited?</b> | <b>W-2 or F1099 received for income tax purposes</b> |
|---------------------------------------|--|-----------------------------|--|
|                                       |  |                             |  |
|                                       |  |                             |  |

3. For **each** garnishment that you have been subject to in the **30** days prior to the filing of your bankruptcy case, please provide the following information:

| Name of Garnishing Creditor | Garnishment Amount<br>(per pay stub or bank account) | Source of Funds<br>(e.g. wages or bank account) |
|-----------------------------|--|---|
|                             |  |   |
|                             |  |   |

*Attach additional pages if needed*

4. For each applicable source of funds **used to make the payments** to an attorney, bankruptcy petition preparer/typing service/paralegal in connection with the filing of this bankruptcy, provide the following information:

| Source of Funds to Pay for Bankruptcy Services              | Amount Paid for Services |
|---|--------------------------|
| Wages/Other Income  | \$                       |
| Savings   | \$                       |
| Gift or Loan from others                                    | \$                       |
| Sale of Property:<br>Identify Property Sold (type/location) | \$                       |
| Other sources   | \$                       |
| Other sources   | \$                       |
| <b>Total Amount Paid for Services from All Sources</b>      | \$                       |

*Attach additional pages if needed.*

By signing here under the penalty of perjury, I declare that the information provided in this supplement is true, complete and accurate:

Dated: \_\_\_\_\_

By: \_\_\_\_\_  
Signature of Debtor

Dated: \_\_\_\_\_

By: \_\_\_\_\_  
Signature of Debtor

**Instructions**

**All required pay advices must be attached to and submitted with this form, or, if applicable, Local Bankruptcy Form 1007-6.1 Statement Under Penalty of Perjury Concerning Payment Advices.**

**GPO 2014-4(b) requires submission of completed Schedules I and J and the Official Fee Waiver form.**