In re	According to the information required to be entered on this statement
Debtor(s)	(check one box as directed in Part I, III, or VI of this statement):
Case Number: (If known)	<ul><li>☐ The presumption arises.</li><li>☐ The presumption does not arise.</li><li>☐ The presumption is temporarily inapplicable.</li></ul>

## CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME AND MEANS-TEST CALCULATION

In addition to Schedules I and J, this statement must be completed by every individual chapter 7 debtor. If none of the exclusions in Part I applies, joint debtors may complete one statement only. If any of the exclusions in Part I applies, joint debtors should complete separate statements if they believe this is required by § 707(b)(2)(C).

	Part I. MILITARY AND NON-CONSUMER DEBTORS
	<b>Disabled Veterans.</b> If you are a disabled veteran described in the Declaration in this Part IA, (1) check the box at the beginning of the Declaration, (2) check the box for "The presumption does not arise" at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.
1A	Declaration of Disabled Veteran. By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. § 101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. §901(1)).
1B	<b>Non-consumer Debtors.</b> If your debts are not primarily consumer debts, check the box below and complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.
	<b>Declaration of non-consumer debts.</b> By checking this box, I declare that my debts are not primarily consumer debts.
	Reservists and National Guard Members; active duty or homeland defense activity. Members of a reserve component of the Armed Forces and members of the National Guard who were called to active duty (as defined in 10 U.S.C. § 101(d)(1)) after September 11, 2001, for a period of at least 90 days, or who have performed homeland defense activity (as defined in 32 U.S.C. § 901(1)) for a period of at least 90 days, are excluded from all forms of means testing during the time of active duty or homeland defense activity and for 540 days thereafter (the "exclusion period"). If you qualify for this temporary exclusion, (1) check the appropriate boxes and complete any required information in the Declaration of Reservists and National Guard Members below, (2) check the box for "The presumption is temporarily inapplicable" at the top of this statement, and (3) complete the verification in Part VIII. During your exclusion period you are not required to complete the balance of this form, but you must complete the form no later than 14 days after the date on which your exclusion period ends, unless the time for filing a motion raising the means test presumption expires in your case before your exclusion period ends.
1C	Declaration of Reservists and National Guard Members. By checking this box and making the appropriate entries below, I declare that I am eligible for a temporary exclusion from means testing because, as a member of a reserve component of the Armed Forces or the National Guard
	a.   I was called to active duty after September 11, 2001, for a period of at least 90 days and  I remain on active duty /or/  I was released from active duty on, which is less than 540 days before this bankruptcy case was filed;  OR
	b. I am performing homeland defense activity for a period of at least 90 days /or/ I performed homeland defense activity for a period of at least 90 days, terminating on , which is less than 540 days before this bankruptcy case was filed.

	Pa	rt II. CALCULATION OF MONTHL	Y INCO	ME FOR § 707(b)(	(7) I	EXCLUSIO	N
	Marita	al/filing status. Check the box that applies and co	omplete the	balance of this part of t	this s	statement as dir	ected.
	a. 🔲 U	Unmarried. Complete only Column A ("Debtor"	's Income'	) for Lines 3-11.			
2	pe ar	b. Married, not filing jointly, with declaration of separate households. By checking this box, debtor declares under penalty of perjury: "My spouse and I are legally separated under applicable non-bankruptcy law or my spouse and I are living apart other than for the purpose of evading the requirements of § 707(b)(2)(A) of the Bankruptcy Code."  Complete only Column A ("Debtor's Income") for Lines 3-11.					
		Married, not filing jointly, without the declaration				2.b above. Cor	nplete both
	Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 3-11.  d.   Married, filing jointly. Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for						
	Lines 3-11.						
	All figures must reflect average monthly income received from all sources, derived during the six calendar months prior to filing the bankruptcy case, ending on the last day of the month before the filing. If the amount of monthly income varied during the six months, you must divide the six-month total by six, and enter the result on the appropriate line.  Column A  Debtor's  Income					Column B Spouse's Income	
3	Gross	wages, salary, tips, bonuses, overtime, commis	sions.			\$	\$
4	Income from the operation of a business, profession or farm. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 4. If you operate more than one business, profession or farm, enter aggregate numbers and provide details on an attachment. Do not enter a number less than zero. Do not include any part of the business expenses entered on Line b as a deduction in Part V.			ne nt.			
	a.	Gross receipts	\$				
	b.	Ordinary and necessary business expenses	\$				
	c.	Business income	Subtract	Line b from Line a		\$	\$
	Rent and other real property income. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 5. Do not enter a number less than zero. Do not include any part of the operating expenses entered on Line b as a deduction in Part V.						
5	a.	Gross receipts	\$				
	b.	Ordinary and necessary operating expenses	\$				
	c.	Rent and other real property income	Subtract	Line b from Line a		\$	\$
6	Intere	st, dividends and royalties.				\$	\$
7	Pensio	on and retirement income.				\$	\$
8	Any amounts paid by another person or entity, on a regular basis, for the household expenses of the debtor or the debtor's dependents, including child support paid for that purpose. Do not include alimony or separate maintenance payments or amounts paid by your spouse if Column B is completed. Each regular payment should be reported in only one column; if a payment is listed in Column A, do not report that payment in Column B.						
9	Unemployment compensation. Enter the amount in the appropriate column(s) of Line 9. However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in						
		aployment compensation claimed to benefit under the Social Security Act Debtor \$ _		Spouse \$		\$	\$

10	Income from all other sources. Specify source and amount. If necessary sources on a separate page. Do not include alimony or separate mainted paid by your spouse if Column B is completed, but include all other palimony or separate maintenance. Do not include any benefits received Security Act or payments received as a victim of a war crime, crime again victim of international or domestic terrorism.	enance payments  payments of  l under the Social  nst humanity, or as a		
	a. b.	\$		
	Total and enter on Line 10		\$	\$
11	<b>Subtotal of Current Monthly Income for § 707(b)(7).</b> Add Lines 3 through 10 in Column B. En		\$	\$
12	<b>Total Current Monthly Income for § 707(b)(7).</b> If Column B has been Line 11, Column A to Line 11, Column B, and enter the total. If Column completed, enter the amount from Line 11, Column A.		\$	
	Part III. APPLICATION OF § 707(b)(7	) EXCLUSION		
13	<b>Annualized Current Monthly Income for § 707(b)(7).</b> Multiply the an 12 and enter the result.	nount from Line 12 by	y the number	\$
14	<b>Applicable median family income.</b> Enter the median family income for size. (This information is available by family size at <a href="www.usdoj.gov/ust/bankruptcy">www.usdoj.gov/ust/bankruptcy</a> court.)			
	a. Enter debtor's state of residence: b. Enter debtor's	household size:		\$
	Application of Section 707(b)(7). Check the applicable box and proceed	as directed.		
15	The amount on Line 13 is less than or equal to the amount on Lin not arise" at the top of page 1 of this statement, and complete Part V			
	The amount on Line 13 is more than the amount on Line 14. Com	plete the remaining p	arts of this state	ement.

## Complete Parts IV, V, VI, and VII of this statement only if required. (See Line 15.)

Marital adjustment. If you checked the box at Line 2.c, enter on Line 17 the total of any income listed in Line 11, Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. Specify in the lines below the basis for excluding the Column B income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If you did not check box at Line 2.c, enter zero.    S	Part IV. CALCULATION OF CURRENT MONTHLY INCOME FOR § 707(b)(2)				
Line 11, Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. Specify in the lines below the basis for excluding the Column B income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If you did not check box at Line 2.c, enter zero.    a.	16	16 Enter the amount from Line 12.			
Line 11, Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. Specify in the lines below the basis for excluding the Column B income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If you did not check box at Line 2.c, enter zero.    A					

## Part V. CALCULATION OF DEDUCTIONS FROM INCOME Subpart A: Deductions under Standards of the Internal Revenue Service (IRS) National Standards: food, clothing and other items. Enter in Line 19A the "Total" amount from IRS National Standards for Food, Clothing and Other Items for the applicable number of persons. (This 19A information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) The applicable number of persons is the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support. \$ National Standards: health care. Enter in Line all below the amount from IRS National Standards for Outof-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Outof-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the applicable number of persons who are under 65 years of age, and enter in Line b2 the applicable number of persons who are 65 years of age or older. (The applicable number of persons in each age category is the number in that category that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.) Multiply Line a1 by Line b1 to obtain a total amount for persons under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for persons 65 19B and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 19B. Persons under 65 years of age Persons 65 years of age or older a1. Allowance per person a2. Allowance per person b2. b1. Number of persons Number of persons c1. Subtotal c2. Subtotal \$ Local Standards: housing and utilities; non-mortgage expenses. Enter the amount of the IRS Housing and Utilities Standards; non-mortgage expenses for the applicable county and family size. (This information is 20A available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court). The applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support. \$ Local Standards: housing and utilities; mortgage/rent expense. Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and family size (this information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court) (the applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 42; subtract Line b from 20B Line a and enter the result in Line 20B. Do not enter an amount less than zero. IRS Housing and Utilities Standards; mortgage/rental expense b. Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42 Subtract Line b from Line a. \$ Net mortgage/rental expense Local Standards: housing and utilities; adjustment. If you contend that the process set out in Lines 20A and 20B does not accurately compute the allowance to which you are entitled under the IRS Housing and Utilities Standards, enter any additional amount to which you contend you are entitled, and state the basis for your contention in the space below: 21

В 2	22A (	Official	Form 22A	) (Cha	pter 7)	(12/1)	0)
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	an exp	Standards: transportation; vehicle operation/public transportations allowance in this category regardless of whether you pay the eless of whether you use public transportation.		
22A	are inc	the number of vehicles for which you pay the operating expenses of luded as a contribution to your household expenses in Line 8.	or for which the operating expenses	
22 <b>A</b>	If you Transp	$\square$ 1 $\square$ 2 or more. checked 0, enter on Line 22A the "Public Transportation" amount fortation. If you checked 1 or 2 or more, enter on Line 22A the "Op-	perating Costs" amount from IRS	
	Statisti	Standards: Transportation for the applicable number of vehicles in t cal Area or Census Region. (These amounts are available at <a href="https://www.tuww.tuww.tuww.tuww.tuww.tuww.tuww&lt;/td&gt;&lt;td&gt;&lt;/td&gt;&lt;td&gt;\$&lt;/td&gt;&lt;/tr&gt;&lt;tr&gt;&lt;td&gt;22B&lt;/td&gt;&lt;td&gt;expens&lt;br&gt;additio&lt;br&gt;amoun&lt;/td&gt;&lt;td&gt;Standards: transportation; additional public transportation expess for a vehicle and also use public transportation, and you contend nal deduction for your public transportation expenses, enter on Lint from IRS Local Standards: Transportation. (This amount is availarly of the bankruptcy court.)&lt;/td&gt;&lt;td&gt;I that you are entitled to an e 22B the " public="" td="" transportation"<=""><td>\$</td></a>	\$	
Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.)				
		2 or more.		
23	Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 1, as stated in Line 42; subtract Line b from Line a and enter the result in Line 23. <b>Do not enter an amount less than zero.</b>			
	a.	IRS Transportation Standards, Ownership Costs	\$	
	b.	Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 42	\$	
	c.	Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a.	\$
	checke	Standards: transportation ownership/lease expense; Vehicle 2. d the "2 or more" Box in Line 23.		
		in Line a below, the "Ownership Costs" for "One Car" from the IR ble at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy cour		
24	Averag	ge Monthly Payments for any debts secured by Vehicle 2, as stated and enter the result in Line 24. <b>Do not enter an amount less than</b>	in Line 42; subtract Line b from	
	a.	IRS Transportation Standards, Ownership Costs	\$	
	b.	Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42	\$	
	c. Net ownership/lease expense for Vehicle 2 Subtract Line b from Line a. \$			
25	Other Necessary Expenses: taxes. Enter the total average monthly expense that you actually incur for all federal, state and local taxes, other than real estate and sales taxes, such as income taxes, self-employment taxes, social-security taxes, and Medicare taxes. Do not include real estate or sales taxes.			
		Necessary Expenses: involuntary deductions for employment.		7
26	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			\$
27	Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for			
	Other	Necessary Expenses: court-ordered payments. Enter the total m		
28		ed to pay pursuant to the order of a court or administrative agency, so not include payments on past due obligations included it		\$

D 22A (C	miciai Foili	1 22A) (Chapter 7) (12/10)			
Other Necessary Expenses: education for employment or for a physically or mentally challenged child.  Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.  \$			\$		
Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on childcare—such as baby-sitting, day care, nursery and preschool. Do not include other educational payments.				\$	
Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 19B. Do not include payments for health insurance or health savings accounts listed in Line 34.			\$		
Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service—such as pagers, call waiting, caller id, special long distance, or internet service—to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted.			\$		
33	Total Ex	xpenses Allowed under IRS Standards. Enter the total of Line	es 19 through 32.		\$
	Subpart B: Additional Living Expense Deductions Note: Do not include any expenses that you have listed in Lines 19-32				
	Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents.				
	a.	Health Insurance	\$		
34	b. Disability Insurance \$				
	c.	Health Savings Account	\$		
	Total and enter on Line 34  If you do not actually expend this total amount, state your actual total average monthly expenditures in the space below:  \$			\$	
35	Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses.			\$	
36	Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.				
37	Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount claimed is reasonable and necessary.  \$				
38	you actused secondar with doc	on expenses for dependent children less than 18. Enter the to ally incur, not to exceed \$147.92* per child, for attendance at a sy school by your dependent children less than 18 years of age. Cumentation of your actual expenses, and you must explain to ble and necessary and not already accounted for in the IRS	private or public electrons <b>You must provide</b> why the amount class	ementary or your case trustee	\$

<sup>\*</sup>Amount subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

22A (O	official Fo	rm 22A) (Chapter 7) (12/1	.0)				
39	Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is reasonable and necessary.					\$	
40			<b>ributions.</b> Enter the amount that you we set to a charitable organization as defined			of	\$
41	Total Additional Expense Deductions under § 707(b). Enter the total of Lines 34 through 40						\$
Subpart C: Deductions for Debt Payment							
	you ov Payme total of filing	wn, list the name of t ent, and check wheth if all amounts schedu of the bankruptcy ca	red claims. For each of your debts that he creditor, identify the property securing the payment includes taxes or insurabled as contractually due to each Secured se, divided by 60. If necessary, list additionably Payments on Line 42.	ng the debt, state the nce. The Average M d Creditor in the 60 i	Average Monthly Ionthly Payment in months following	y s the the	
42		Name of Creditor	Property Securing the Debt	Average Monthly Payment	Does payment include taxes or insurance?		
	a.			\$	□ yes □ no		
	b.			\$	□ yes □ no		
	c.			\$	□ yes □ no		
				Total: Add Lines a, b and c.			\$
43	reside you m in add amour	nce, a motor vehicle, ay include in your do ition to the payments at would include any	red claims. If any of debts listed in Line or other property necessary for your sureduction 1/60th of any amount (the "curs listed in Line 42, in order to maintain purposes in default that must be paid in order to the following chart. If necessary Property Securing the Debt	pport or the support re amount") that you possession of the pro- ler to avoid reposses	of your depender must pay the cree perty. The cure sion or foreclosur ries on a separate	ditor e.	
	a.	Creditor		\$			
	b.			\$			
	c.			\$			
				Total: Add Line	es a, b and c		\$
44	as prio	ority tax, child suppo	priority claims. Enter the total amount, rt and alimony claims, for which you werent obligations, such as those set out	ere liable at the time			\$

D 22/1 (OII	iciai i oi	11 2211) (Chapter 1) (12/10)				
		ter 13 administrative expenses. If you are eligible to file a case under chaping chart, multiply the amount in line a by the amount in line b, and enter these.				
	a.	Projected average monthly chapter 13 plan payment.	\$			
45	b.	Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)	X			
	c.	Average monthly administrative expense of chapter 13 case	Total: Multiply Lines a and b	\$		
46	Total :	Deductions for Debt Payment. Enter the total of Lines 42 through 45.	a and b	\$		
		Subpart D: Total Deductions from Incom	ne			
47	Total	of all deductions allowed under § 707(b)(2). Enter the total of Lines 33, 4	1, and 46.	\$		
		Part VI. DETERMINATION OF § 707(b)(2) PRES	SUMPTION			
48	Enter the amount from Line 18 (Current monthly income for § 707(b)(2))					
49	Enter the amount from Line 47 (Total of all deductions allowed under § 707(b)(2)) \$					
50	Monthly disposable income under § 707(b)(2). Subtract Line 49 from Line 48 and enter the result					
51	<b>60-month disposable income under § 707(b)(2).</b> Multiply the amount in Line 50 by the number 60 and enter the result.					
		<b>presumption determination.</b> Check the applicable box and proceed as directions of the determination of the control of the con				
	The amount on Line 51 is less than \$7,025*. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII. Do not complete the remainder of Part VI.					
52	The amount set forth on Line 51 is more than \$11,725*. Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII. Do not complete the remainder of Part VI.					
	☐ The amount on Line 51 is at least \$7,025*, but not more than \$11,725*. Complete the remainder of Part VI (Lines 53 through 55).					
53	Enter	the amount of your total non-priority unsecured debt		\$		
54	Thresl	hold debt payment amount. Multiply the amount in Line 53 by the number	r 0.25 and enter the result.	\$		
		dary presumption determination. Check the applicable box and proceed a				
55	☐ The amount on Line 51 is less than the amount on Line 54. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII.					
	The amount on Line 51 is equal to or greater than the amount on Line 54. Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII.					
		Part VII: ADDITIONAL EXPENSE CLAI	IMS			
	and we	<b>Expenses.</b> List and describe any monthly expenses, not otherwise stated in elfare of you and your family and that you contend should be an additional of a under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate monthly expense for each item. Total the expenses.	deduction from your current	t monthly		
56		Expense Description	Monthly Amount	$\exists$		
	a. b.		\$	$\dashv$		
	c.		\$			
		Total: Add Lines a, b and c	\$			

<sup>\*</sup>Amounts are subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

	Part VIII: VERIFICATION					
	I declare under penalty of perjury that the informat both debtors must sign.)	tion provided in this statement is true and correct. (If this is a joint case,				
57	Date:	Signature:(Debtor)				
	Date:	Signature: (Joint Debtor, if any)				