

**CHAPTER 13 TRUSTEE INFORMATION SHEET**

Debtors are required to complete and file this information sheet with the Chapter 13 Trustee **at the time a Chapter 13 case is filed**. The trustee will send a payroll directive, if appropriate, to the employer at the address listed on this sheet. Failure to list the proper payroll address may result in payment delinquency and a motion to dismiss by the trustee. If the plan provides for preconfirmation adequate protection payments or payments on a current obligation such as a mortgage, it is imperative for debtors to make the first plan payment to the trustee immediately rather than waiting for a payroll deduction to take effect, so that the trustee can disburse funds as soon as is practicable after the claim is filed. Payments must be made by cashier's check or money order with the case number listed, sent to the trustee's regular payment address.

**CASE #:** \_\_\_\_\_**DEBTOR 1**

NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_MAILING ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

EMAIL: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

**DEBTOR 2**

NAME: \_\_\_\_\_

☐ *Address is the same as Debtor 1*HOME ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_MAILING ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

EMAIL: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

## Employer addresses and phone numbers

Issue Wage Deduction on Debtor 1 or 2 (please check)

☐ **DEBTOR 1**

EMPLOYER NAME: \_\_\_\_\_

ADDRESS:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PHONE: \_\_\_\_\_

FAX: \_\_\_\_\_

**PAID:** WEEKLY ☐ BIWEEKLY ☐  
MONTHLY ☐ SEMI-MONTHLY ☐  
OTHER: \_\_\_\_\_

**DEBTOR 1 OTHER SOURCE OF INCOME:**

\_\_\_\_\_

☐ **DEBTOR 2**

EMPLOYER NAME: \_\_\_\_\_

ADDRESS:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PHONE: \_\_\_\_\_

FAX: \_\_\_\_\_

**PAID:** WEEKLY ☐ BIWEEKLY ☐  
MONTHLY ☐ SEMI-MONTHLY ☐  
OTHER: \_\_\_\_\_

**DEBTOR 2 OTHER SOURCE OF INCOME:**

\_\_\_\_\_

### Tax returns:

Before a plan can be confirmed, debtors must file with the appropriate tax authorities all applicable Federal, State and local tax returns for all taxable periods ending during the 4-year period ending on the date of the filing of the petition. Check the blanks below to indicate returns that have been filed; if a return has not been filed, do not check the blank. Write "NR" if you were not required to file. Write "EXT" if you have applied for an extension.

	<u><b>Federal</b></u>	<u><b>State</b></u>	<u><b>Local</b></u>
<b>Most recent year</b>	_____	_____	_____
<b>2nd year past</b>	_____	_____	_____
<b>3rd year past</b>	_____	_____	_____
<b>4th year past</b>	_____	_____	_____

**If operating as a business, please attach an additional sheet listing the status of each required business return for the past 4 tax years.**

**Domestic Support Obligations:**

The trustee must have this information to send required notice to all holders of domestic support obligation claims pursuant to 11 USC §1302 (d)(1). If there are multiple claim holders, attach an additional sheet listing the name of the claim holder, and the claim holder's address and telephone number.

Debtor(s) have a domestic support obligation (please check below):

**DEBTOR 1**

☐ YES   ☐ NO

Name of claim holder:

\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

**DEBTOR 2**

☐ YES   ☐ NO

Name of claim holder:

\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

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**Debtor(s) certify that the information listed above, including tax return status, is accurate.**

**DEBTOR 1**

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

**DEBTOR 2**

\_\_\_\_\_

Signature

\_\_\_\_\_

Date