

MEAN'S TEST ANALYSIS

- It is imperative that you complete this form in order for us to help you. Please do not skip this step. Review the example below for directions on what to include.
- All income must be separated by employers and individual receiving the income.
- **All income must be gross (before taxes and other deductions).**
 - Make sure to include tips and bonuses.
 - If your income is commissions, then list the exact amount earned each month.
 - Business income:
 - If earned as a sole proprietor - list all income
 - If received through an LLC, S or C Corporation - include only the income you actually received from the business
 - include retirement income
 - Include disability income, unless it is Social Security Disability
 - **DO NOT INCLUDE SOCIAL SECURITY OR SOCIAL SECURITY DISABILITY**
 - include all monies received from **any** source, including money from cashing in retirement accounts, sales of large items, tax refunds, etc. Identify the source.
 - include money from rents (after deducting amount paid for mortgage/HOA/utilities, etc).
 - If someone is living with you then include the **net** income even if they never give it to you. To calculate **net** income deduct their own expenses such as: taxes, insurance, expenses related to vehicles, medical, credit cards, student loans, other housing, business debts, etc.
 - include all monies received from gifts or loans from friends or relatives.
- The income must be for a full month; therefore use the last **full** 6 months, do **not** include the current month.
- List income in the month actually received, not the month it was payable.

Name	Employer/Other						

Example: Joe and Karen are filling out this form on the 23rd of the June. They have a renter and their mother has been giving them \$200.00 a month for the last 5 months.

Name	Employer/Other	May	April	March	February	January	December
Joe	ABC Plumbing	891.12	218.17	809.62	951.00	514.52	733.54
	Joe's Bar & Grill	230.00	415.00	213.75	450.00	120.31	1,213.52

	Renter	300.00	300.00	300.00	300.00	300.00	300.00
Karen	\$ From Mother	200.00	200.00	200.00	200.00	200.00	
	Gifts	899.00	899.00	899.00	899.00	899.00	845.00
	Pension	1,012.00	1,012.00	1,012.00	1,012.00	1,012.00	1,012.00
	Yard Sales	300.00	150.00	1200.00	130.00	240.00	130.00

If your average gross income exceeds the following you will need to answer the rest of the questions set out below. Average gross income is determined by adding together all income for the last full 6 months and dividing it by 6. Include the income for everyone who lives in your home. If more than 4 people live in your home add \$575 per month.

One person	Two People	3 people	Four people
\$3,552.33/mo	\$4,737.00/month	\$5,172.17/month	\$5,787.67/month

Additional questions - **answer only if you income exceeds the amount set forth above.** Each of these amounts are to be the average monthly amount you actually spend.

1) Average **monthly** taxes (federal, state, FICA, social security, Medicare, self-employment, etc). If you are married add both figures together as one number \$_____.

- If your income fluctuates then add all taxes for the 6 months above, including anticipated taxes on 1099 income, and divide by 6.
- If you are paid once a week then multiply the taxes from one paycheck by 52 and divide by 12 to come up with your true monthly taxes.
- If you are paid every two weeks then multiply the taxes from one paycheck by 26 and divide by 12 to come up with your true monthly taxes.

2) Mandatory payroll deductions (employer forces you to pay: e.g. union dues, retirement) \$_____

3) Life insurance - monthly premium: \$_____

4) Court ordered payments (such as child support/alimony that you must pay) \$_____

5) Education expenses for employment or physically/mentally challenged child \$_____

6) Childcare costs \$_____

7) Health insurance (include dental and all other insurance) \$_____

8) Health care such as co-pays, pharmacy, eye-glasses, dental, etc (out-of-pocket, not paid by insurance) \$_____

9) Disability Insurance \$_____

10) Health Savings account (flex accounts) \$_____

11) Expenses for the care of elderly, chronically ill or disabled member of your household who cannot pay their own expenses: \$_____

12) Protection against family violence \$_____

13) Education expenses for children under 18 \$_____

14) Charitable contributions \$_____

15) Additional business expenses that are not reimbursed by your employer(s) \$ _____
16) Amount withheld to repay loans from retirement accounts \$ _____

Additional issues:

1) Amount of back taxes that you owe \$ _____ Year(s) tax debt due: _____

2) If you are behind on payments to secured creditors (house or car):

Amount owed to bring loan current: \$ _____ Lender:

Amount owed to bring loan current: \$ _____ Lender:

Amount owed to bring loan current: \$ _____ Lender:

Amount owed to bring loan current: \$ _____ Lender:
