

**Fill in this information to identify your case:**

Debtor 1	George	Winston	Lewis
	<small>First Name</small>	<small>Middle Name</small>	<small>Last Name</small>
Debtor 2	Delia	Marie	Lewis
<small>(Spouse, if filing)</small>	<small>First Name</small>	<small>Middle Name</small>	<small>Last Name</small>

United States Bankruptcy Court for the: Northern District of Georgia

Case number \_\_\_\_\_  
(If known)

☐ Check if this is an amended filing

## Official Form 106E/F

### Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with **PRIORITY** claims and Part 2 for creditors with **NONPRIORITY** claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Property* (Official Form 106A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G). Do not include any creditors with partially secured claims that are listed in *Schedule D: Creditors Who Have Claims Secured by Property*. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

#### Part 1: List All of Your PRIORITY Unsecured Claims

##### 1. Do any creditors have priority unsecured claims against you?

- ☐ No. Go to Part 2.
- ☒ Yes.

##### 2. List all of your priority unsecured claims.

If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

		Total claim	Priority amount	Nonpriority amount
2.1	<b>Internal Revenue Service</b> <b>(40)</b> <small>Priority Creditor's Name</small> <b>P.O. Box 21126</b> <small>Number Street</small>  <b>Philadelphia PA 19114</b> <small>City State ZIP Code</small>  <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> <u>1 4 3 2</u> \$ <u>6,400.00</u>	<b>When was the debt incurred?</b> <u>01/01/2020</u>	<b>(42)</b> \$ <u>6,400.00</u> \$ <u>0.00</u>
	<b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Type of PRIORITY unsecured claim:</b> <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <b>(41)</b> <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input checked="" type="checkbox"/> Other. Specify <u>income taxes</u>			

2.2	<b>Priority Creditor's Name</b> _____ _____ <small>Number Street</small> _____ _____ <small>City State ZIP Code</small>  <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> _____ \$ _____ \$ _____ \$ _____ <b>When was the debt incurred?</b> _____  <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Type of PRIORITY unsecured claim:</b> <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____
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**Part 2: List All of Your NONPRIORITY Unsecured Claims**

**3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.  
☒ Yes

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

		Total claim
4.1	<b>American Express</b> <b>(43)</b> Nonpriority Creditor's Name 200 Vesey Street Number Street New York NY 10285 City State ZIP Code  <b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> Check if this claim is for a community debt  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>4 2 1 1</u> When was the debt incurred? _____  <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>revolving credit account</u> <b>(45)</b>
		\$ 6,000.00 <b>(44)</b>

4.2	<b>Bank of America</b> Nonpriority Creditor's Name 100 North Tryon Street Number Street Charlotte NC 28255 City State ZIP Code  <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> Check if this claim is for a community debt  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>5 4 0 0</u> When was the debt incurred? _____ <b>(46)</b>  <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>revolving credit account</u>
		\$ 4,300.00

4.3	<b>Citibank</b> Nonpriority Creditor's Name 399 Park Avenue Number Street New York NY 10022 City State ZIP Code  <b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> Check if this claim is for a community debt  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>5 0 7 3</u> When was the debt incurred? _____ <b>(47)</b>  <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>revolving credit account</u>
		\$ 7,400.00

## Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.4

## Department of Education

Nonpriority Creditor's Name

11100 USA Pkwy

Number Street

Fishers

IN

46037

City

State

ZIP Code

Who incurred the debt? Check one.

☐ Debtor 1 only☒ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

Last 4 digits of account number 5 3 3 3

\$ 9,000.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☒ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☐ Other. Specify student loan

4.5

## Grady Memorial Hospital

Nonpriority Creditor's Name

80 Jesse Hill Jr. Drive SE

Number Street

Atlanta

GA

30303

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

Last 4 digits of account number 1 2 2 5

\$ 23,000.00

When was the debt incurred? 09/01/2020

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify medical service

4.6

## Macy's/DSNB

Nonpriority Creditor's Name

701 E. 60th Street North

Number Street

Sioux Falls

SD

57104

City

State

ZIP Code

Who incurred the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☒ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

Last 4 digits of account number 1 2 3 5

\$ 1,200.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify revolving credit account

## Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.7

## Medical Associates of North Georgia

Nonpriority Creditor's Name

320 Hospital Road

Number Street

Canton

GA

30114

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number 2 4 4 2

\$ 140,000.0

When was the debt incurred? 09/01/2020

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify medical services

4.8

## MedPro Solutions, Inc.

Nonpriority Creditor's Name

3445 Mill Run Drive

Number Street

Hilliard

OH

43026

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

Last 4 digits of account number \_\_\_\_\_

\$ 5,600.00

When was the debt incurred? 01/01/2020

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify medical services

Last 4 digits of account number \_\_\_\_\_

\$ \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☐ Other. Specify \_\_\_\_\_

**Part 4:** Add the Amounts for Each Type of Unsecured Claim

**6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.**

		Total claim
Total claims from Part 1	6a. Domestic support obligations	6a. \$ 0.00
	6b. Taxes and certain other debts you owe the government	6b. \$ 6,400.00
	6c. Claims for death or personal injury while you were intoxicated	6c. \$ 0.00
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d. + \$ 0.00
	6e. Total. Add lines 6a through 6d.	6e. \$ 6,400.00

		Total claim
Total claims from Part 2	6f. Student loans	6f. \$ 9,000.00
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. \$ 0.00
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h. \$ 0.00
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. + \$ 61,500.00
	6j. Total. Add lines 6f through 6i.	6j. \$ 70,500.00

# Annotations to Completed Sample Form 121

## Schedule E/F

40. In Part 1 of Schedule E/F, the debtor lists claims that have priority under the Bankruptcy Code, such as taxes and domestic support obligations. In order to complete this part a determination must first be made as to which claims, if any, fall into the priority categories set out in section 507. In some cases, only part of the creditor's total claim will be entitled to priority status. If the creditor has a lien, list the debt on Schedule D as a secured debt, whether or not the creditor would otherwise be entitled to priority. If a creditor has more than one priority unsecured claim, list the creditor separately for each priority claim. Local bankruptcy court rules should be checked for designated addresses that are to be used whenever notice is provided to certain creditors or interested parties, such as the IRS and other federal, state and local agencies.

Not all tax claims are entitled to priority, and only those which are at least partially priority claims should be listed in Part 1 of Schedule E/F. This determination is especially important because priority tax claims are nondischargeable in both chapter 7 and chapter 13 cases, and must be paid in full in chapter 13 cases. If there are assets in the estate to be distributed in a chapter 7 case, or if a tax claim is to be paid under a chapter 13 plan, it is important to make sure that such nondischargeable tax debts are listed as priority claims so that they will be paid first. However, if there is any doubt as to priority status, list the taxes in part 2 of Schedule E/F (unless secured by a lien) so as not to make any admission as to nondischargeability. [BACK](#)

41. Boxes on the official form should be checked to designate which types of priority debt the debtor has or to note that the debtor has no priority obligations. If the priority claim is not described by one of the three checkbox options listed on the form (these categories are designated to assist the court in collecting statistical information), a brief description of the type of claim should be listed in the space provided under "Other." [BACK](#)
42. With respect to each priority claim, the total claim, the amount entitled to priority, and the amount not entitled to priority should be listed separately in the appropriate column. In the sample case, the total tax debt of the Lewises is subject to priority. This priority tax claim will need to be paid in full under the Lewis's chapter 13 plan. [BACK](#)
43. Nonpriority unsecured claims are listed in Part 2 of Schedule E/F. Because debts that are not listed may not be discharged in a chapter 13 case, it is obviously important to list every conceivable claim against the debtor so that the discharge may be used to maximum advantage. Doing so may necessitate prompting the client to remember various types and categories of frequently overlooked debts, such as medical treatment that may involve bills from multiple service providers. It may also mean listing debts that appear on

a client's credit report (reports from all three major credit bureaus should be checked), even if the client does not recognize them and they appear to be erroneously reported. There is ordinarily no disadvantage to listing these debts and noting that they are disputed. The client may obtain a free credit report each year from each of the three major credit bureaus. See § 5.3.4, *supra*. [BACK](#)

44. The amount of an unsecured creditor's claim in a chapter 13 case generally is determined by the creditor's proof of claim rather than the debtor's schedules, if no objection to the proof of claim is filed. However, if the debtor anticipates filing an objection to a claim on a particular debt, the schedules should not admit to a debt larger than the debtor will later contend is due. [BACK](#)
45. The debtor must check a box if the debt is for a student loan, arises from a divorce or separation agreement, or to a pension or profit-sharing plan (these categories are designated to assist the court in collecting statistical information). If the claim is not described by one of these options, a brief description of the type of claim should be listed in the space provided under "other," such as "goods purchased," "revolving credit account" or "medical services." [BACK](#)
46. The exact date the claim was incurred should be listed if that information is available. Otherwise listing the month and year, or simply the year, should suffice. In the case of credit card debts that involve multiple transactions, a notation such as "various dates" may be appropriate. Alternatively, the debtor can list the month and year (or simply year) when the account was first opened, or can provide a range of dates reflecting the first and last transactions, such as "Jan. 2017–April 2019." [BACK](#)
47. Listing the account number can help the creditor identify the debt owed by the debtor. If the debt was not assigned an account number or the number is not known, that may be noted here or the space may be left blank. Due to concerns about identity theft, only the last four digits of the account number are listed. [BACK](#)