

Monthly Income and Expenses of

Date: _____

Chancery No. _____

Employed By	_____
City & State	_____
Occupation	_____
Pay Period	_____
Next Payday	_____
Salary/Wage	_____
# Exemptions	_____

Average Gross Pay per Month

LESS:	Federal Taxes	_____
	State Taxes	_____
	FICA	_____
	Health Insurance	_____
	Life Insurance	_____
	Required Retirement	_____
	Average Monthly Net Pay	_____
	Other Income	_____
	MONTHLY NET INCOME	_____

Children in Household

Name	Age

Household

Mortgage (PITI) or Rent	_____
Real Estate Property Taxes	_____
Homeowner's Insurance	_____
Repairs/Maintenance	_____
Furniture/Furnishings	_____

Utilities

Electricity	_____
Gas/Heating Oil	_____
Water/Sewer	_____
Telephone	_____
Trash	_____
Cable TV	_____

Food

Groceries	_____
Lunches	_____

Automobile

Payment/Depreciation	_____
Gasoline	_____
Repair/Tags/Inspection, etc.	_____
Auto Insurance	_____
Parking/Other Transportation	_____
Personal Property Tax	_____

Childcare Expenses

Child Care	_____
School Tuition	_____
Lunch Money	_____
School Supplies	_____
Lessons/Sports	_____
New Clothing	_____

Clothing

New (Excluding Children)	_____
Cleaning/Laundry	_____
Uniforms	_____

Health Expenses

Doctor	_____
Dentist	_____
Therapist	_____
Eyeglasses	_____
Hospital	_____
Medicines	_____
Other	_____

Dues

Professional Associations	_____
Social Associations	_____
Homeowner's Association	_____

Miscellaneous

Gifts (Xmas, Birthday)	_____
Church/Charity	_____
Entertainment	_____
Vacations	_____
Hobbies	_____
Personal Grooming	_____
Newspaper/Magazines	_____
Disability Insurance	_____
Life Insurance	_____
Legal Expenses	_____

Fixed Debts with Payments

Balance Mo. Pmt.

Charge Account Debt

Totals Per Month

Subtotal Expenses	_____
Subtotal Debt Payments	_____
TOTAL EXPENSES	_____
TOTAL NET INCOME	_____
BALANCE (+)	_____
BALANCE (-)	_____

Liquid Assets on Hand

Cash/Checking/Savings	_____
Other Liquid Assets	_____
TOTAL LIQUID ASSETS	_____

Submitted By: _____