

Monthly Income and Expenses of: _____ Date: _____

Average Gross Pay per Month: _____

Employed by: _____	LESS: Federal Taxes _____
City & State: _____	State Taxes _____
Occupation: _____	FICA/Social Security _____
Pay Period: _____	Health Ins./Medicare _____
Next Payday: _____	Life Insurance _____
Salary/Wages: _____	Required Retirement _____
# Exemptions: _____	Average Net Pay _____
	Other Income _____
	Net Monthly Income _____

Household

Mortgage (PITI) or Rent _____

Repairs/Maintenance _____

Furniture/Furnishings _____

Yard/Pool Maintenance _____

Cleaning Service/Alarm _____

Utilities

Water/Sewer _____

Electricity _____

Gas/Heating Oil _____

Telephone _____

Mobile Phone/Pager _____

Cable TV/Internet _____

Food

Groceries/household _____

Lunches _____

Automobile

Payment/Depreciation _____

Gasoline _____

Tags/Inspection _____

Auto Insurance _____

Repairs/Maintenance _____

Personal Property Tax _____

Children's Expenses

Day care/Childcare _____

Tuition _____

Lunch Money _____

School supplies/Books/Field Trips _____

Lessons/Sports/Camp _____

New Clothing _____

Diapers/Formula _____

Health Insurance _____

Uninsured Health Care Expenses _____

Fixed Debts with Payments	Bal.	Payment
_____	_____	_____
_____	_____	_____
_____	_____	_____

Charge Account Debt

Clothing

New (Excluding Children) _____

Cleaning/Laundry _____

Health Expenses

Health Insurance _____

Insurance Deductible _____

Doctor _____

Dentist/Orthodontist _____

Therapist _____

Eyeglasses/Contacts _____

Hospital _____

Medicines/Vitamins _____

Other _____

Dues

Professional Associations _____

Social Associations/Clubs _____

Homeowner's Association _____

Miscellaneous

Gifts (Christmas, Birthday) _____

Entertainment/Movies _____

Vacation/Travel _____

Hobbies/Sports _____

Hair Care/Toiletries _____

Newspapers/Books/CD's _____

Pet/Vet costs _____

Life Insurance _____

Legal fees _____

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 _____

Gross Income for Tax years:

2007 \$ _____

2006 \$ _____

2005 \$ _____

(See second page for additional debt.)