

Monthly Income and Expenses of: _____ **Date:** _____

Average Gross Pay per Month: _____

Employed by: _____
 City & State: _____
 Occupation: _____
 Pay Period: _____
 Next Payday: _____
 Salary/Wages: _____
 # Exemptions: _____

Children in Household

Name	Age
_____	_____
_____	_____
_____	_____

LESS: Federal Taxes _____
 State Taxes _____
 FICA/Social Security _____
 Health Ins./Medicare _____
 Life Insurance _____
 Required Retirement _____
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 _____

(Subtotal: \$ _____)

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:

20__	\$ _____
20__	\$ _____
20__	\$ _____