

INCOME AND EXPENSES

I. INCOME

A.
Employer
Address:

____ Check if unemployed

PAID: (check one)

____ Hourly

Wage rate per hour: _____

Average hours per week: _____

Average monthly wages: \$ _____

____ Salary

Average Monthly Salary: \$ _____

Gross Salary/Wages and Commission \$ _____

Each Pay Period:

Average Monthly Wages:

Paid: ____ Weekly ____ Bi-Weekly

____ Semi-Monthly ____ Monthly

Number of Dependents Claimed:

Number of Exemptions Claimed:

PAYROLL DEDUCTIONS:

FICA (Social Security Tax)	\$ _____
Federal Withholding Tax	\$ _____
State Withholding Tax	\$ _____
Medicare	\$ _____
Union Dues	\$ _____
OTHER DEDUCTIONS:	
	\$ _____

TOTAL DEDUCTIONS EACH PAY PERIOD \$ _____

NET TAKE HOME PAY EACH PAY PERIOD \$ _____

B. ADDITIONAL INCOME from Rentals, Dividends and Business Enterprises, Social Security, AFDC, VA Benefits, Pensions, Annuities, Bonuses, Commissions and all other sources (give monthly average and list sources of income)

Bonuses	\$ _____
Draw	\$ _____
Pension/Retirement	\$ _____

Annuity	\$ _____
Interest Income	\$ _____
Dividend Income	\$ _____
Trust Income	\$ _____
Social Security	\$ _____
Overtime/Commission	\$ _____
Workers Compensation	\$ _____
Public Aid/Food Stamps	\$ _____
Rental Income	\$ _____
Business Income	\$ _____
Royalty	\$ _____
Fellowship/Stipends	\$ _____
Unemployment	\$ _____
Disability Payments	\$ _____
Other Income	\$ _____

AVERAGE MONTHLY TOTAL

\$ _____

C. TOTAL AVERAGE NET MONTHLY INCOME

\$ _____

D. Your share of the gross income shown on last year's income tax returns

YEAR: _____

\$ _____

II. EXPENSES required to maintain the previous standard of living stated on a **MONTHLY** average

HOMEOWNERS EXPENSES

Mortgage or Rent	\$ _____
Second Mortgage	\$ _____
Real Estate Taxes	\$ _____
Insurance	\$ _____
Lot Rent	\$ _____
Association Fees	\$ _____
Maintenance of Home	\$ _____
Lawn Service	\$ _____
Pest Control	\$ _____
Veterinarian and General Pet Care	\$ _____

TOTAL HOME EXPENSES

\$ _____

UTILITIES

Natural Gas	\$ _____
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Water \$ _____
Electricity \$ _____
Telephone \$ _____
Trash Service \$ _____
Sewer \$ _____
Cable/Satellite \$ _____
Cellular Phone/Pager \$ _____
Internet Provider \$ _____
\$ _____

TOTAL UTILITIES EXPENSES \$ _____

CLEANING AND LAUNDRY

Housekeeper \$ _____
Laundry \$ _____
Dry Cleaning \$ _____
Cleaning Products \$ _____
\$ _____
\$ _____

TOTAL CLEANING AND LAUNDRY \$ _____

MEDICAL EXPENSES

General Care \$ _____
Dental Care \$ _____
Health Insurance \$ _____
Prescription Drugs \$ _____
Over the Counter Drugs \$ _____
Eye Care \$ _____
Mental Health Care \$ _____
\$ _____
\$ _____

TOTAL MEDICAL EXPENSES \$ _____

PERSONAL HYGIENE & BEAUTY

Hair Cuts/Perm \$ _____
Manicures \$ _____
Pedicures \$ _____
Massage \$ _____
Personal Products \$ _____
\$ _____
\$ _____

TOTAL PERSONAL HYGIENE & BEAUTY EXPENSES \$ _____

AUTOMOBILE AND TRANSPORTATION

Loan Payment \$ _____
Gasoline \$ _____
Routine Maintenance \$ _____
Personal Property Tax \$ _____
Auto Insurance \$ _____
License Inspection \$ _____
Parking Fees \$ _____
Toll Fees \$ _____
Taxi Fees \$ _____
Subway Fees \$ _____
\$ _____
\$ _____

TOTAL AUTOMOBILE EXPENSES \$ _____

GENERAL LIVING

Food \$ _____
Clothing \$ _____
Household Furnishings \$ _____
Linen, Towels, etc. \$ _____
Life Insurance \$ _____
\$ _____
\$ _____

TOTAL GENERAL LIVING EXPENSES \$ _____

BOOKS, NEWSPAPERS, PERIODICALS

Newspaper \$ _____
Magazines \$ _____
Books \$ _____
Periodicals \$ _____
Tuition Fees \$ _____
Seminars \$ _____
\$ _____
\$ _____

TOTAL BOOKS , NEWSPAPERS & PERIODICAL EXPENSES \$ _____

RECREATION, FITNESS, ENTERTAINMENT

Movies \$ _____

Videos	\$ _____
Music	\$ _____
Sporting Events	\$ _____
League Fees	\$ _____
Club Membership	\$ _____
Vacation/Travel	\$ _____
Dining Out	\$ _____
Sports Equipment/Apparel	\$ _____
	\$ _____
	\$ _____

TOTAL RECREATION, FITNESS, ENTERTAINMENT EXPENSES \$ _____

CHARITABLE CONTRIBUTIONS

Organizations	\$ _____
Schools	\$ _____
Personal	\$ _____
Church	\$ _____
United Way	\$ _____
	\$ _____
	\$ _____

TOTAL CHARITABLE CONTRIBUTIONS EXPENSES \$ _____

SPECIAL OCCASION EXPENSES

Birthdays	\$ _____
Weddings, Showers & Gifts	\$ _____
Christmas	\$ _____
Child Case	\$ _____
	\$ _____
	\$ _____

TOTAL SPECIAL OCCASION EXPENSES \$ _____

CREDIT CARDS & OTHER INSTALLMENTS

American Express	\$ _____
VISA	\$ _____
Mastercard	\$ _____
Discover Card	\$ _____
Other Bank Cards	\$ _____
Store Credit Cards	\$ _____
	\$ _____
	\$ _____

TOTAL CREDIT CARD & OTHER \$ _____
INSTALLMENT EXPENSES

CHILD SUPPORT PAID BY CLIENT FOR CHILDREN NOT INVOLVED IN THIS
PROCEEDING: \$ _____

ALIMONY OR MAINTENANCE PAID TO FORMER SPOUSE: \$ _____

OTHER MISC EXPENSES

\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____

TOTAL OTHER EXPENSES \$ _____

MINOR AND/OR DEPENDENT CHILDREN:

Health Insurance \$ _____
Medical Including Co-Pay \$ _____
Dental \$ _____
Vision \$ _____
Psychological \$ _____
Other Health \$ _____
Educational \$ _____
Childcare \$ _____
Extraordinary Expenses \$ _____
Food \$ _____
Clothing \$ _____

TOTAL CHILDREN'S EXPENSES \$ _____

TOTAL AVERAGE MONTHLY EXPENSES \$ _____