

Income and Expenses

WAGES FOR PARTY#1

Annual wage and salary income, before taxes: _____

NON-WAGE INCOME FOR PARTY#1

Use this sheet to specify income that is not covered on any other sheet.
Specify an amount in whichever column (Week, Month, or Year) is most convenient.

| Item | Week | Amount per... Month | Year |
|---|-------|------------------------|-------|
| Support from previous relationship. | _____ | _____ | _____ |
| Alimony from previous relationship. | _____ | _____ | _____ |
| Unemployment Compensation. | _____ | _____ | _____ |
| Public Assistance. | _____ | _____ | _____ |
| Bonuses. | _____ | _____ | _____ |
| Commissions. | _____ | _____ | _____ |
| Tips. | _____ | _____ | _____ |
| Overtime. | _____ | _____ | _____ |
| Disability Insurance. | _____ | _____ | _____ |
| Workers' Compensation. | _____ | _____ | _____ |
| Royalties. | _____ | _____ | _____ |
| Rent from Spouse. | _____ | _____ | _____ |
| Deferred Compensation. | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Expense List

Enter Expenses for Party#1

On this data sheet, specify the household, child, and personal expenses of everyday life. The list tries to be comprehensive, but there is no need to fill in every line.

Note: We suggest that you specify mortgage expenses on the data sheets on "Real Estate," not on this data sheet. Specify alimony and support for this spouse on the "Alimony & Support" sheets. Specify education tuition as a "Major Expense," not here.

Enter the amount spent on this item, per week, or per month, or per year (not all three).

| (a) HOUSING: (for mortgage see note above) | Weekly | Monthly | Annual |
|---|--------|---------|--------|
| Rent. | _____ | _____ | _____ |
| Real Estate Taxes. | _____ | _____ | _____ |
| Condominium Charges. | _____ | _____ | _____ |
| Cooperative Apartment Maintenance. | _____ | _____ | _____ |

| (b) UTILITIES: | Weekly | Monthly | Annual |
|----------------------|--------|---------|--------|
| Fuel oil. | _____ | _____ | _____ |
| Gas. | _____ | _____ | _____ |
| Electricity. | _____ | _____ | _____ |
| Telephone. | _____ | _____ | _____ |
| Water. | _____ | _____ | _____ |
| Cell Phone. | _____ | _____ | _____ |
| Internet. | _____ | _____ | _____ |
| Other | | | |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

| (c) FOOD: | Weekly | Monthly | Annual |
|-----------------------------|--------|---------|--------|
| Groceries. | _____ | _____ | _____ |
| School lunches. | _____ | _____ | _____ |
| Lunches at work. | _____ | _____ | _____ |
| Dining Out. | _____ | _____ | _____ |
| Liquor / alcohol. | _____ | _____ | _____ |
| Home Entertainment. | _____ | _____ | _____ |
| Other | | | |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Enter Expenses for Party#1

| (d) CLOTHING: | Weekly | Monthly | Annual |
|----------------|--------|---------|--------|
| Husband. | _____ | _____ | _____ |
| Wife. | _____ | _____ | _____ |
| Children. | _____ | _____ | _____ |
| Other | | | |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

| (e) LAUNDRY: | Weekly | Monthly | Annual |
|-----------------------|--------|---------|--------|
| Laundry at home. | _____ | _____ | _____ |
| Dry Cleaning. | _____ | _____ | _____ |
| Tailor. | _____ | _____ | _____ |
| Other | | | |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

| (f) INSURANCE: | Weekly | Monthly | Annual |
|-------------------------------|--------|---------|--------|
| Homeowners / Tenant's. | _____ | _____ | _____ |
| Fire , Teft & Liability. | _____ | _____ | _____ |
| Automotive. | _____ | _____ | _____ |
| Umbrella Policy. | _____ | _____ | _____ |
| Medical Plan. | _____ | _____ | _____ |
| Dental Plan. | _____ | _____ | _____ |
| Optical Plan. | _____ | _____ | _____ |
| Disability. | _____ | _____ | _____ |
| Worker's Compensation. | _____ | _____ | _____ |
| Other | | | |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

| (g) UNREIMBURSED MEDICAL: | Weekly | Monthly | Annual |
|----------------------------------|--------|---------|--------|
| Medical. | _____ | _____ | _____ |
| Dental. | _____ | _____ | _____ |
| Optical. | _____ | _____ | _____ |
| Pharmaceutical. | _____ | _____ | _____ |
| Surgical Nursing, Hospital. | _____ | _____ | _____ |
| Therapist. | _____ | _____ | _____ |
| Dermatologist. | _____ | _____ | _____ |
| Health/Beauty. | _____ | _____ | _____ |

Enter Expenses for Party#1

| | Weekly | Monthly | Annual |
|-------|--------|---------|--------|
| Other | | | |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

| (h) HOUSEHOLD MAINTENANCE: | Weekly | Monthly | Annual |
|---|--------|---------|--------|
| Repairs. | _____ | _____ | _____ |
| Furniture, Furnishings, Housewares. | _____ | _____ | _____ |
| Cleaning Supplies. | _____ | _____ | _____ |
| Appliances including Maintenance. | _____ | _____ | _____ |
| Painting. | _____ | _____ | _____ |
| Sanitation/Carting. | _____ | _____ | _____ |
| Gardening, Lawn and Grounds Care. | _____ | _____ | _____ |
| Snow Removal. | _____ | _____ | _____ |
| Exterminator. | _____ | _____ | _____ |
| Water Softener. | _____ | _____ | _____ |
| Carpeting/Drapery/Furniture cleaning. | _____ | _____ | _____ |
| Floor Waxing. | _____ | _____ | _____ |
| Window Cleaning. | _____ | _____ | _____ |
| Electrician. | _____ | _____ | _____ |
| Locksmith. | _____ | _____ | _____ |
| Flowers. | _____ | _____ | _____ |
| Framing. | _____ | _____ | _____ |
| Hardware. | _____ | _____ | _____ |
| Plumbing. | _____ | _____ | _____ |
| Security. | _____ | _____ | _____ |
| Other | | | |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

| (i) HOUSEHOLD HELP: | Weekly | Monthly | Annual |
|--|--------|---------|--------|
| Baby Sitter. | _____ | _____ | _____ |
| Domestic (housekeeper maid etc.) | _____ | _____ | _____ |
| Nurse. | _____ | _____ | _____ |
| Driver. | _____ | _____ | _____ |
| Personal Secretary. | _____ | _____ | _____ |
| Au Pair. | _____ | _____ | _____ |
| Other | | | |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Enter Expenses for Party#1

| | Weekly | Monthly | Annual |
|--------------------------------------|---------------|----------------|---------------|
| (j) AUTOMOTIVE: (enter for each car) | | | |
| First Car: | Weekly | Monthly | Annual |
| Make/Model/Year: _____ | | | |
| Payments. | _____ | _____ | _____ |
| Gas & Oil. | _____ | _____ | _____ |
| Repairs. | _____ | _____ | _____ |
| Car Wash. | _____ | _____ | _____ |
| Registration / license. | _____ | _____ | _____ |
| Parking. | _____ | _____ | _____ |
| Tolls. | _____ | _____ | _____ |
| | | | |
| Second Car: | Weekly | Monthly | Annual |
| Make/Model/Year: _____ | | | |
| Payments. | _____ | _____ | _____ |
| Gas & Oil. | _____ | _____ | _____ |
| Repairs. | _____ | _____ | _____ |
| Car Wash. | _____ | _____ | _____ |
| Registration / license. | _____ | _____ | _____ |
| Parking. | _____ | _____ | _____ |
| Tolls. | _____ | _____ | _____ |
| | | | |
| Third Car: | Weekly | Monthly | Annual |
| Make/Model/Year: _____ | | | |
| Payments. | _____ | _____ | _____ |
| Gas & Oil. | _____ | _____ | _____ |
| Repairs. | _____ | _____ | _____ |
| Car Wash. | _____ | _____ | _____ |
| Registration / license. | _____ | _____ | _____ |
| Parking. | _____ | _____ | _____ |
| Tolls. | _____ | _____ | _____ |
| | | | |
| Fourth Car | Weekly | Monthly | Annual |
| Make/Model/Year: _____ | | | |
| Payments. | _____ | _____ | _____ |
| Gas & Oil. | _____ | _____ | _____ |
| Repairs. | _____ | _____ | _____ |
| Car Wash. | _____ | _____ | _____ |
| Registration / license. | _____ | _____ | _____ |
| Parking. | _____ | _____ | _____ |
| Tolls. | _____ | _____ | _____ |
| | | | |
| Other | | | |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Enter Expenses for Party#1

| | Weekly | Monthly | Annual |
|-------|--------|---------|--------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Enter Expenses for Party#1

| (k) EDUCATIONAL (for Private or College see note above) | Weekly | Monthly | Annual |
|--|--------|---------|--------|
| Nursery / Pre-School. | _____ | _____ | _____ |
| Post-Graduate. | _____ | _____ | _____ |
| Religious Instruction. | _____ | _____ | _____ |
| School Transportation. | _____ | _____ | _____ |
| School Supplies / Books. | _____ | _____ | _____ |
| Tutoring. | _____ | _____ | _____ |
| School Events. | _____ | _____ | _____ |
| Other | | | |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

| (l) RECREATIONAL | Weekly | Monthly | Annual |
|------------------------------------|--------|---------|--------|
| Summer Camps. | _____ | _____ | _____ |
| Vacations. | _____ | _____ | _____ |
| Dinners and Entertainment. | _____ | _____ | _____ |
| Movies. | _____ | _____ | _____ |
| Video Club and Movie Rentals. | _____ | _____ | _____ |

| Theatre, Ballet, etc. | Weekly | Monthly | Annual |
|-----------------------|--------|---------|--------|
| | | | |

| Tapes, CD's etc. | Weekly | Monthly | Annual |
|---|--------|---------|--------|
| Cable TV. | _____ | _____ | _____ |
| Team Sports. | _____ | _____ | _____ |
| Country club / Pool Club. | _____ | _____ | _____ |
| Health club / Personal Trainer. | _____ | _____ | _____ |
| Sporting Goods. | _____ | _____ | _____ |
| Hobbies. | _____ | _____ | _____ |
| Music / Dance Lessons. | _____ | _____ | _____ |
| Sports Lessons. | _____ | _____ | _____ |
| Birthday Parties. | _____ | _____ | _____ |
| Extracurricular Events for Children. | _____ | _____ | _____ |
| Summer Home Rental. | _____ | _____ | _____ |
| Winter Home Rental. | _____ | _____ | _____ |
| Toys for Children. | _____ | _____ | _____ |
| Other | | | |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Enter Expenses for Party#1

| (n) MISCELLANEOUS | Weekly | Monthly | Annual |
|---|--------|---------|--------|
| Beauty Parlor / Barber. | _____ | _____ | _____ |
| Beauty Treatments. | _____ | _____ | _____ |
| Drug Store Items. | _____ | _____ | _____ |
| Cigarettes, Cigars, Tobacco. | _____ | _____ | _____ |
| Books, Magazines, Newspapers. | _____ | _____ | _____ |
| Computer Software, Hardware, Materials. | _____ | _____ | _____ |
| Children's Allowance. | _____ | _____ | _____ |
| Gifts. | _____ | _____ | _____ |
| Diaper Service. | _____ | _____ | _____ |
| Charitable Contributions. | _____ | _____ | _____ |
| Religious Organization Dues. | _____ | _____ | _____ |
| Union and organization dues. | _____ | _____ | _____ |
| Commutation and Transportation (incl. Taxes). | _____ | _____ | _____ |
| Veterinarian / Pet Expenses. | _____ | _____ | _____ |
| Payments for Child Support from a prior marriage. | _____ | _____ | _____ |
| Alimony or maintenance from a prior marriage | _____ | _____ | _____ |
| Unreimbursed Business Expenses. | _____ | _____ | _____ |
| Gratuities. | _____ | _____ | _____ |
| Postage and Stationary. | _____ | _____ | _____ |
| Safe Deposit Box. | _____ | _____ | _____ |
| Accounting Fees. | _____ | _____ | _____ |
| Legal Fees. | _____ | _____ | _____ |
| Photo development. | _____ | _____ | _____ |
| Other | | | |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |