

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
Child support from previous relationship	_____	_____	_____
Alimony from previous relationship	_____	_____	_____
Unemployment Compensation	_____	_____	_____
Public Assistance	_____	_____	_____
Bonuses	_____	_____	_____
Commissions	_____	_____	_____
Tips	_____	_____	_____
Overtime	_____	_____	_____
Disability Benefits	_____	_____	_____
Workers' Compensation	_____	_____	_____
Royalties	_____	_____	_____
Rent from Spouse	_____	_____	_____
Deferred Compensation	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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:	Weekly	Monthly	Annual
<i>(for mortgage see note above)</i>			
Real Estate Taxes	_____	_____	_____
Homeowner's / Renter's insurance	_____	_____	_____
Homeowner's Assoc. / Condo Charges	_____	_____	_____
Rent	_____	_____	_____
Other Housing	_____	_____	_____
(b) UTILITIES:	Weekly	Monthly	Annual
Fuel Oil/Gas	_____	_____	_____
Electric	_____	_____	_____
Telephone (land line)	_____	_____	_____
Mobile Phone	_____	_____	_____
Cable / Satellite TV	_____	_____	_____
Internet	_____	_____	_____
Alarm	_____	_____	_____
Water	_____	_____	_____
Other Utilities	_____	_____	_____
(c) FOOD	Weekly	Monthly	Annual
Groceries	_____	_____	_____
Child Groceries	_____	_____	_____
Dining Out / Take Out	_____	_____	_____
Other Food	_____	_____	_____
(d) CLOTHING	Weekly	Monthly	Annual
Clothing Yourself	_____	_____	_____
Clothing Child(ren)	_____	_____	_____
Dry Cleaning	_____	_____	_____
Other Clothing	_____	_____	_____
(e) INSURANCE:	Weekly	Monthly	Annual
Fire, Theft, Liability Insurance	_____	_____	_____
Automotive Insurance	_____	_____	_____
Umbrella Insurance	_____	_____	_____
Medical Plan	_____	_____	_____
Child Medical Plan	_____	_____	_____
Dental Plan	_____	_____	_____

Enter Expenses for Party#1

	Weekly	Monthly	Annual
Optical Plan	_____	_____	_____
Disability	_____	_____	_____
Worker's Comp	_____	_____	_____
Long Term Care	_____	_____	_____
Other Insurance	_____	_____	_____
(f) UNREIMBURSED MEDICAL:	Weekly	Monthly	Annual
Medical	_____	_____	_____
Dental	_____	_____	_____
Optical	_____	_____	_____
Pharmaceutical	_____	_____	_____
Surgical Nursing, Hospital	_____	_____	_____
Psychotherapy	_____	_____	_____
Other Medical	_____	_____	_____
(g) HOUSEHOLD MAINTENANCE:	Weekly	Monthly	Annual
Repairs	_____	_____	_____
Painting Wallpapering	_____	_____	_____
Gardening / Landscaping	_____	_____	_____
Sanitation / Carting	_____	_____	_____
Snow Removal	_____	_____	_____
Extermination	_____	_____	_____
Other Maintenance	_____	_____	_____
(h) HOUSEHOLD HELP:	Weekly	Monthly	Annual
Domestic (housekeeper, etc.)	_____	_____	_____
Nanny / Au Pair / Child Care	_____	_____	_____
Babysitter	_____	_____	_____
Other help	_____	_____	_____
(i) AUTOMOBILE:	Weekly	Monthly	Annual
Lease or Loan Payments	_____	_____	_____
Gas and Oil	_____	_____	_____
Repairs	_____	_____	_____
Car Wash	_____	_____	_____
Parking	_____	_____	_____
Tolls	_____	_____	_____
Car Other	_____	_____	_____
(j) EDUCATION COSTS:	Weekly	Monthly	Annual
Nursery and Pre-School	_____	_____	_____
Primary and Secondary	_____	_____	_____
College	_____	_____	_____

Religious Instruction _____

Enter Expenses for Party#1

	Weekly	Monthly	Annual
School Transportation	_____	_____	_____
School Books	_____	_____	_____
Lessons and Supplies	_____	_____	_____
School Lunches	_____	_____	_____
Tutoring	_____	_____	_____
School Events	_____	_____	_____
Children Activities	_____	_____	_____
Other Education	_____	_____	_____

(k) RECREATIONAL:

	Weekly	Monthly	Annual
Vacations	_____	_____	_____
Child Vacations	_____	_____	_____
Movies, Theatre, Ballet, Etc.	_____	_____	_____
Music (Digital or Physical Media) ..	_____	_____	_____
Recreation Clubs and Memberships ..	_____	_____	_____
Activities for yourself	_____	_____	_____
Health Club	_____	_____	_____
Summer Camp	_____	_____	_____
Birthday party costs for children ..	_____	_____	_____
Other Recreational	_____	_____	_____

(l) INCOME TAXES:

>> Supply a copy of last year's tax returns.

(m) MISCELLANEOUS:

	Weekly	Monthly	Annual
Beauty Parlor / Barber / Spa	_____	_____	_____
Toiletries / Non-Prescription Drugs ..	_____	_____	_____
Books, Magazines, Newspapers	_____	_____	_____
Gifts to Others	_____	_____	_____
Charitable Contributions	_____	_____	_____
Religious Organizations Dues	_____	_____	_____
Union and Organization Dues	_____	_____	_____
Commutation Expenses	_____	_____	_____
Veterinarian / Pet Expenses	_____	_____	_____
Alimony for prior relationship	_____	_____	_____
Child Support for prior relationship ..	_____	_____	_____
Unreimbursed business expenses	_____	_____	_____
Safe Deposit Box Rental Fee	_____	_____	_____
 Other			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

WAGES FOR PARTY#2

Annual wage and salary income, before taxes: _____

NON-WAGE INCOME FOR PARTY#2

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
Child support from previous relationship	_____	_____	_____
Alimony from previous relationship	_____	_____	_____
Unemployment Compensation	_____	_____	_____
Public Assistance	_____	_____	_____
Bonuses	_____	_____	_____
Commissions	_____	_____	_____
Tips	_____	_____	_____
Overtime	_____	_____	_____
Disability Benefits	_____	_____	_____
Workers' Compensation	_____	_____	_____
Royalties	_____	_____	_____
Rent from Spouse	_____	_____	_____
Deferred Compensation	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Enter Expenses for Party#2

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:	Weekly	Monthly	Annual
<i>(for mortgage see note above)</i>			
Real Estate Taxes	_____	_____	_____
Homeowner's / Renter's insurance	_____	_____	_____
Homeowner's Assoc. / Condo Charges	_____	_____	_____
Rent	_____	_____	_____
Other Housing	_____	_____	_____
(b) UTILITIES:	Weekly	Monthly	Annual
Fuel Oil/Gas	_____	_____	_____
Electric	_____	_____	_____
Telephone (land line)	_____	_____	_____
Mobile Phone	_____	_____	_____
Cable / Satellite TV	_____	_____	_____
Internet	_____	_____	_____
Alarm	_____	_____	_____
Water	_____	_____	_____
Other Utilities	_____	_____	_____
(c) FOOD	Weekly	Monthly	Annual
Groceries	_____	_____	_____
Child Groceries	_____	_____	_____
Dining Out / Take Out	_____	_____	_____
Other Food	_____	_____	_____
(d) CLOTHING	Weekly	Monthly	Annual
Clothing Yourself	_____	_____	_____
Clothing Child(ren)	_____	_____	_____
Dry Cleaning	_____	_____	_____
Other Clothing	_____	_____	_____
(e) INSURANCE:	Weekly	Monthly	Annual
Fire, Theft, Liability Insurance	_____	_____	_____
Automotive Insurance	_____	_____	_____
Umbrella Insurance	_____	_____	_____
Medical Plan	_____	_____	_____
Child Medical Plan	_____	_____	_____
Dental Plan	_____	_____	_____

Enter Expenses for Party#2

	Weekly	Monthly	Annual
Optical Plan	_____	_____	_____
Disability	_____	_____	_____
Worker's Comp	_____	_____	_____
Long Term Care	_____	_____	_____
Other Insurance	_____	_____	_____
(f) UNREIMBURSED MEDICAL:	Weekly	Monthly	Annual
Medical	_____	_____	_____
Dental	_____	_____	_____
Optical	_____	_____	_____
Pharmaceutical	_____	_____	_____
Surgical Nursing, Hospital	_____	_____	_____
Psychotherapy	_____	_____	_____
Other Medical	_____	_____	_____
(g) HOUSEHOLD MAINTENANCE:	Weekly	Monthly	Annual
Repairs	_____	_____	_____
Painting Wallpapering	_____	_____	_____
Gardening / Landscaping	_____	_____	_____
Sanitation / Carting	_____	_____	_____
Snow Removal	_____	_____	_____
Extermination	_____	_____	_____
Other Maintenance	_____	_____	_____
(h) HOUSEHOLD HELP:	Weekly	Monthly	Annual
Domestic (housekeeper, etc.)	_____	_____	_____
Nanny / Au Pair / Child Care	_____	_____	_____
Babysitter	_____	_____	_____
Other help	_____	_____	_____
(i) AUTOMOBILE:	Weekly	Monthly	Annual
Lease or Loan Payments	_____	_____	_____
Gas and Oil	_____	_____	_____
Repairs	_____	_____	_____
Car Wash	_____	_____	_____
Parking	_____	_____	_____
Tolls	_____	_____	_____
Car Other	_____	_____	_____
(j) EDUCATION COSTS:	Weekly	Monthly	Annual
Nursery and Pre-School	_____	_____	_____
Primary and Secondary	_____	_____	_____
College	_____	_____	_____

Religious Instruction _____

Enter Expenses for Party#2

	Weekly	Monthly	Annual
School Transportation	_____	_____	_____
School Books	_____	_____	_____
Lessons and Supplies	_____	_____	_____
School Lunches	_____	_____	_____
Tutoring	_____	_____	_____
School Events	_____	_____	_____
Children Activities	_____	_____	_____
Other Education	_____	_____	_____

(k) RECREATIONAL:

	Weekly	Monthly	Annual
Vacations	_____	_____	_____
Child Vacations	_____	_____	_____
Movies, Theatre, Ballet, Etc.	_____	_____	_____
Music (Digital or Physical Media) ..	_____	_____	_____
Recreation Clubs and Memberships ..	_____	_____	_____
Activities for yourself	_____	_____	_____
Health Club	_____	_____	_____
Summer Camp	_____	_____	_____
Birthday party costs for children ..	_____	_____	_____
Other Recreational	_____	_____	_____

(l) INCOME TAXES:

>> Supply a copy of last year's tax returns.

(m) MISCELLANEOUS:

	Weekly	Monthly	Annual
Beauty Parlor / Barber / Spa	_____	_____	_____
Toiletries / Non-Prescription Drugs ..	_____	_____	_____
Books, Magazines, Newspapers	_____	_____	_____
Gifts to Others	_____	_____	_____
Charitable Contributions	_____	_____	_____
Religious Organizations Dues	_____	_____	_____
Union and Organization Dues	_____	_____	_____
Commutation Expenses	_____	_____	_____
Veterinarian / Pet Expenses	_____	_____	_____
Alimony for prior relationship	_____	_____	_____
Child Support for prior relationship ..	_____	_____	_____
Unreimbursed business expenses	_____	_____	_____
Safe Deposit Box Rental Fee	_____	_____	_____
Other			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____