

Income and Expenses

WAGES FOR HUSBAND

Annual wage and salary income, before taxes: _____

NON-WAGE INCOME FOR HUSBAND

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 | Amount per... | | |
|---|---------------|-------|-------|
| | Week | Month | Year |
| Child 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. | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Detailed Expenses for Husband:

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.

| Item | Week | Amount per... Month | Year |
|------------------------------------|-------|------------------------|-------|
| Mandatory Deductions | | | |
| Mandatory Retirement. | _____ | _____ | _____ |
| Union Dues. | _____ | _____ | _____ |
| Other Mandatory. | _____ | _____ | _____ |
| Household | | | |
| Rent. | _____ | _____ | _____ |
| Condo Fee. | _____ | _____ | _____ |
| Homeowners' Insurance. | _____ | _____ | _____ |
| Renters' Insurance. | _____ | _____ | _____ |
| Real Estate Tax. | _____ | _____ | _____ |
| Cable TV. | _____ | _____ | _____ |
| Internet Access. | _____ | _____ | _____ |
| Phone. | _____ | _____ | _____ |
| Household Maintenance. | _____ | _____ | _____ |
| Furniture & Appliance. | _____ | _____ | _____ |
| Painting/Wallpapering. | _____ | _____ | _____ |
| Household Supplies. | _____ | _____ | _____ |
| Maid/Cleaning Service. | _____ | _____ | _____ |
| Lawn Service. | _____ | _____ | _____ |
| Snow Removal. | _____ | _____ | _____ |
| Trash Removal. | _____ | _____ | _____ |
| Utilities - Electricity. | _____ | _____ | _____ |
| Utilities - Gas/Propane Heat. | _____ | _____ | _____ |

| Item | Week | Amount per... Month | Year |
|---|-------|------------------------|-------|
| Utilities - Oil Heat. | _____ | _____ | _____ |
| Utilities - Water/Sewer. | _____ | _____ | _____ |
| Utilities - Other. | _____ | _____ | _____ |
| Other Household. | _____ | _____ | _____ |
| Transportation | | | |
| Car Payments. | _____ | _____ | _____ |
| Car Insurance. | _____ | _____ | _____ |
| Car Gasoline/Oil. | _____ | _____ | _____ |
| Car Maintenance and Repair. | _____ | _____ | _____ |
| Car License/Stickers. | _____ | _____ | _____ |
| Car Other. | _____ | _____ | _____ |
| Tolls. | _____ | _____ | _____ |
| Parking. | _____ | _____ | _____ |
| Public/Alt. Transportation. | _____ | _____ | _____ |
| Other Transportation. | _____ | _____ | _____ |
| Child | | | |
| Child Care - Day Care. | _____ | _____ | _____ |
| Child Care - Sitters. | _____ | _____ | _____ |
| Child Clothing/School Uniforms. | _____ | _____ | _____ |
| Child Education Supplies. | _____ | _____ | _____ |
| Child Education Books/Fees. | _____ | _____ | _____ |
| Child Education Lunches. | _____ | _____ | _____ |
| Child Education Transportation. | _____ | _____ | _____ |
| Child Education Activities. | _____ | _____ | _____ |

| Item | Week | Amount per... Month | Year |
|---------------------------------------|-------|------------------------|-------|
| Child Education Room & Board. | _____ | _____ | _____ |
| Child Grooming. | _____ | _____ | _____ |
| Child Groceries. | _____ | _____ | _____ |
| Child Medical Doctor. | _____ | _____ | _____ |
| Child Medical Dentist. | _____ | _____ | _____ |
| Child Medical Optical. | _____ | _____ | _____ |
| Child Medical Medication. | _____ | _____ | _____ |
| Child Allowance. | _____ | _____ | _____ |
| Child Lessons and Supplies. | _____ | _____ | _____ |
| Child Vacation and Camp. | _____ | _____ | _____ |
| Child Camp. | _____ | _____ | _____ |
| Child Entertainment. | _____ | _____ | _____ |
| Child Tutors. | _____ | _____ | _____ |
| Other Child. | _____ | _____ | _____ |
| Personal | | | |
| Bank Fees. | _____ | _____ | _____ |
| Cell Phone. | _____ | _____ | _____ |
| Cigarettes. | _____ | _____ | _____ |
| Clothes. | _____ | _____ | _____ |
| Dry Cleaning. | _____ | _____ | _____ |
| Education for Party. | _____ | _____ | _____ |
| Charitable. | _____ | _____ | _____ |
| Church/Synagogue/Mosque etc. | _____ | _____ | _____ |
| Credit Union (loan). | _____ | _____ | _____ |

| Item | Week | Amount per... Month | Year |
|--|-------|------------------------|-------|
| Deferred Compensation. | _____ | _____ | _____ |
| Dues/Clubs. | _____ | _____ | _____ |
| Employment Uniforms. | _____ | _____ | _____ |
| Employment Unreimbursed Travel. | _____ | _____ | _____ |
| Employment Unreimbursed Education. | _____ | _____ | _____ |
| Entertainment. | _____ | _____ | _____ |
| Food/Groceries. | _____ | _____ | _____ |
| Gifts. | _____ | _____ | _____ |
| Hair. | _____ | _____ | _____ |
| Horseback Riding. | _____ | _____ | _____ |
| Laundry. | _____ | _____ | _____ |
| Legal and Accounting. | _____ | _____ | _____ |
| Liquor, Beer, Wine. | _____ | _____ | _____ |
| Lottery Tickets. | _____ | _____ | _____ |
| Manicure/Pedicure. | _____ | _____ | _____ |
| Personal Property Insurance. | _____ | _____ | _____ |
| Pets. | _____ | _____ | _____ |
| Previous Relship Child Support. | _____ | _____ | _____ |
| Previous Relship Alimony. | _____ | _____ | _____ |
| Restaurants. | _____ | _____ | _____ |
| Savings. | _____ | _____ | _____ |
| Stamps and Stationery. | _____ | _____ | _____ |
| Sports/Hobbies/Lessons. | _____ | _____ | _____ |
| Subscriptions, Books. | _____ | _____ | _____ |

| Item | Week | Amount per... Month | Year |
|--|-------|------------------------|-------|
| Tax - Local Income Tax. | _____ | _____ | _____ |
| Therapist/Counselor. | _____ | _____ | _____ |
| Toiletries/Grooming/Drug Store. | _____ | _____ | _____ |
| Travel. | _____ | _____ | _____ |
| Vacations. | _____ | _____ | _____ |
| Voluntary Retirement. | _____ | _____ | _____ |
| Other Personal. | _____ | _____ | _____ |
| Health and Medical | | | |
| Health Insurance. | _____ | _____ | _____ |
| Dental Insurance. | _____ | _____ | _____ |
| Disability Insurance. | _____ | _____ | _____ |
| Medical/Doctor. | _____ | _____ | _____ |
| Dental. | _____ | _____ | _____ |
| Drug & Prescription. | _____ | _____ | _____ |
| Optical. | _____ | _____ | _____ |
| Orthodontist. | _____ | _____ | _____ |
| Other Health. | _____ | _____ | _____ |
| Payroll Deductions | | | |
| Payroll: Mandatory Retirement. | _____ | _____ | _____ |
| Payroll: Medical Flexible Spending Account. | _____ | _____ | _____ |
| Payroll: Archer Medical Savings Account. | _____ | _____ | _____ |
| Payroll: Child Care Flexible Spending Acct.. | _____ | _____ | _____ |
| Payroll: Health Savings Account. | _____ | _____ | _____ |
| Payroll: Savings Plan Contribution. | _____ | _____ | _____ |

| Item | Week | Amount per... Month | Year |
|--|-------|------------------------|-------|
| Payroll: Other Mandatory. | _____ | _____ | _____ |
| Payroll: IRA 401k Contribution By Employee. | _____ | _____ | _____ |
| Payroll: Union Dues. | _____ | _____ | _____ |
| Payroll: Charitable Contribution. | _____ | _____ | _____ |
| Payroll: Nondeductible Health Insurance. | _____ | _____ | _____ |
| Payroll: Nondeductible Dental Insurance. | _____ | _____ | _____ |
| Payroll: Nondeductible Optical Insurance. | _____ | _____ | _____ |
| Payroll: Nondeductible Disability Insurance. | _____ | _____ | _____ |
| Payroll: Nondeductible Life Insurance. | _____ | _____ | _____ |
| Payroll: Nondeductible Parking. | _____ | _____ | _____ |
| Payroll: Loan Repayment to 401k. | _____ | _____ | _____ |
| Payroll: Other Loan Repayment. | _____ | _____ | _____ |
| Payroll: Child Support for Prior Relationship. | _____ | _____ | _____ |
| Payroll: Child Support for This Relationship. | _____ | _____ | _____ |
| Payroll: Other Non-deductible. | _____ | _____ | _____ |
| Real Estate Expenses | | | |
| RE: Condo Fee. | _____ | _____ | _____ |
| RE: Homeowners' Insurance. | _____ | _____ | _____ |
| RE: Real Estate Tax. | _____ | _____ | _____ |
| RE: Cable TV. | _____ | _____ | _____ |
| RE: Internet Access. | _____ | _____ | _____ |
| RE: Phone. | _____ | _____ | _____ |
| RE: Household Maintenance. | _____ | _____ | _____ |
| RE: Furniture & Appliance. | _____ | _____ | _____ |

| Item | Week | Amount per... Month | Year |
|--|-------|------------------------|-------|
| RE: Painting/Wallpapering. | _____ | _____ | _____ |
| RE: Household Supplies. | _____ | _____ | _____ |
| RE: Maid/Cleaning Service. | _____ | _____ | _____ |
| RE: Lawn Service. | _____ | _____ | _____ |
| RE: Snow Removal. | _____ | _____ | _____ |
| RE: Trash Removal. | _____ | _____ | _____ |
| RE: Utilities - Electricity. | _____ | _____ | _____ |
| RE: Utilities - Gas/Propane Heat. | _____ | _____ | _____ |
| RE: Utilities - Oil Heat. | _____ | _____ | _____ |
| RE: Utilities - Water/Sewer. | _____ | _____ | _____ |
| RE: Utilities - Other. | _____ | _____ | _____ |
| RE: Other Household. | _____ | _____ | _____ |
| Unused Expense #1. | _____ | _____ | _____ |
| Unused Expense #2. | _____ | _____ | _____ |
| Unused Expense #3. | _____ | _____ | _____ |
| Unused Expense #4. | _____ | _____ | _____ |
| Unused Expense #5. | _____ | _____ | _____ |
| Unused Expense #6. | _____ | _____ | _____ |
| Unused Expense #7. | _____ | _____ | _____ |
| Other | | | |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |