

MONTHLY EXPENSES	
CATEGORY	MONTHLY EXPENSE
HOUSEHOLD EXPENSES	
Mortgage/Rent	
Homeowner's/Renter's Insurance	
Property Taxes	
Utilities (water/electric/gas)	
Cable/Satellite TV	
Home Telephone	
Internet Service	
Housekeeper	
Lawn Service	
Pool Service	
Alarm System	
Total:	
FOOD/GROCERIES/SUPPLIES	
Food/Groceries - Party & Children	
Household Supplies	
Work Lunches - Party	
School Lunches - Children	
Total:	
TRANSPORTATION	
Car Payment - Party only	
Car Maintenance	
Car Repairs	
Gasoline/Parking/Tolls	
Car Insurance	
License and Inspection	
Car Washes	
Parking Fees	
Total:	

CLOTHING/LAUNDRY	
Clothing and shoes - Party	
Clothing and shoes - Children	
Dry Cleaning	
Alterations	
Total:	
PERSONAL GROOMING	
Cosmetics	
Hair/Nail Care - Party	
Hair/Nail Care - Children	
Skin Care - Children	
Toiletries	
Total:	
MISCELLANEOUS	
Entertainment - Party only	
Entertainment - Children only	
Cellular Expense - Children only	
Tuition	
Extracurricular Expense - Children only	
Pet Food/Veterinary Expense	
Sirius, Pandora, iTunes, CDs, Videos, Movies	
Childcare, After school care	
Allowance - Children	
Summer Camp - Children	
Lessons - Children	
Tutors - Children	
Tax Preparation	
Non-reimbursed Business Expense	
Vacation Expense	
Membership Dues	
Gifts	
Total:	
HEALTH RELATED ITEMS	
Non-Prescription Medicines	
Prescription Medicines	
Health/Dental/Vision Insurance -	
Party and Children	
Life Insurance	
Doctor	
Dentist	
Orthodontist	
Ophthalmologist	
Vitamins	

Counselor/Therapist - Party	
Counselor/Therapist - Children	
Other:	
Total:	
LOANS/OBLIGATIONS	
Credit Cards (List)	<i>Minimum Monthly Payment:</i>
Total:	
TOTAL KNOWN MONTHLY EXPENSES	

Employed:	Employer:
I am paid biweekly	My next check will be on:
WITHHOLDINGS FROM PAY	
PER PAY PERIOD	MONTHLY
Gross:	Gross:
Deductions:	Deductions:
Federal Income Tax	Federal Income Tax
Social Sec Tax	Social Sec Tax
Medicare Tax	Medicare Tax
Other:	Other:
Insurance -	Insurance -
Accidental	Accidental
Health, Dental & Vision	Health, Dental & Vision
401(k) Contribution	401(k) Contribution
401(k) Loan Repayment	401(k) Loan Repayment
Total Deductions:	Total Deductions:
Other Deductions:	Other Deductions:
Net pay to checking	Net pay to checking
REQUEST OR PAYMENT OF SPOUSAL SUPPORT	
I am Requesting:	I am Willing to Pay:
Spousal Support Per Month:	Spousal Support Per Month:

INCOME INFORMATION FOR OTHER PARTY

Employed:	Employer:
My Spouse is Paid:	My Spouse's Next Check Will Be On:

WITHHOLDINGS FROM PAY

PER PAY PERIOD	MONTHLY
Gross:	Gross:
Deductions:	Deductions:
Taxes: SS & Fed.:	Taxes: SS & Fed.:
Health Insurance: approx. \$	Health Insurance: approx. \$
Total Deductions:	Total Deductions:
Net Income:	Net Income:
Other Income:	Other Income:

Date: _____

Signature