

# INCOME WORKSHEET

	<b>Monthly Average</b>	<b>Annual Total</b>	<b>% of Total</b>
<b>Sources of Income:</b>			
Basic earnings	_____	_____	_____
Net business income (Schedule C)	_____	_____	_____
Net rental or partnership income (Schedule E)	_____	_____	_____
Bonuses and/or overtime	_____	_____	_____
Interest	_____	_____	_____
Dividends	_____	_____	_____
Net capital gains (Schedule D)	_____	_____	_____
Pensions and/or annuities	_____	_____	_____
Social security	_____	_____	_____
Gifts of money	_____	_____	_____
Alimony	_____	_____	_____
Child support	_____	_____	_____
Federal/State tax refund	_____	_____	_____
Other _____	_____	_____	_____
Other _____	_____	_____	_____
<b>Total</b>	_____	_____	_____
<b>Taxes On Income:</b>			
Federal income tax	_____	_____	_____
State Income tax	_____	_____	_____
Social Security tax	_____	_____	_____
Medicare Tax	_____	_____	_____
Other _____	_____	_____	_____
<b>Total</b>	_____	_____	_____

**EXPENSE WORKSHEET**

**Monthly Average**

**Annual Total**

**% of Total**

***Fixed Expenses:***

Mortgage principal or rent	_____	_____	_____
Interest on mortgage	_____	_____	_____
Real estate taxes	_____	_____	_____
Personal property taxes	_____	_____	_____
Auto excise tax	_____	_____	_____
Auto insurance	_____	_____	_____
Homeowner's insurance	_____	_____	_____
Hospital/medical insurance	_____	_____	_____
Disability insurance	_____	_____	_____
Life insurance	_____	_____	_____
Loan payments	_____	_____	_____
Interest on loan payment	_____	_____	_____
Savings & investments - IRA	_____	_____	_____
Savings & investments	_____	_____	_____
Other condo fee	_____	_____	_____
Other _____	_____	_____	_____

**Total Fixed Expenses**

_____	_____	_____
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***Variable Expenses:***

Food purchases	_____	_____	_____
Restaurant meals	_____	_____	_____
Household maintenance & repair	_____	_____	_____
Utilities (heat, electricity, water)	_____	_____	_____
Telephone	_____	_____	_____
Clothing purchases	_____	_____	_____
Laundry & cleaners	_____	_____	_____
Transportation-gas & oil	_____	_____	_____
Transportation-repairs	_____	_____	_____
Transportation-parking & tolls	_____	_____	_____
Physicians' fees	_____	_____	_____
Dentists' fees	_____	_____	_____
Prescription drugs	_____	_____	_____
Psychotherapy fees	_____	_____	_____
Personal care	_____	_____	_____
Child care expenses	_____	_____	_____
Attorney fees	_____	_____	_____
Financial advisor fees	_____	_____	_____
Other tax prep	_____	_____	_____
Other _____	_____	_____	_____

**Total Variable expenses**

_____	_____	_____
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**EXPENSE WORKSHEET**

**Monthly Average**

**Annual Total**

**% of Total**

***Discretionary Expenses:***

Charitable contributions	_____	_____	_____
Home furnishings & equipment	_____	_____	_____
Education	_____	_____	_____
Books, magazines, newspapers	_____	_____	_____
Videos, CDs, software	_____	_____	_____
Hobbies	_____	_____	_____
Recreation & entertainment	_____	_____	_____
Vacation & travel	_____	_____	_____
Personal gifts, cards	_____	_____	_____
Other _____	_____	_____	_____
Other _____	_____	_____	_____
Other _____	_____	_____	_____
Other _____	_____	_____	_____
<b>Total Discretionary Expenses</b>	_____	_____	_____
<b>Total All Expenses</b>	_____	_____	_____
<b><i>Surplus (Deficit)</i></b>	_____	_____	_____