



INCOME & EXPENSE

His Her

Your full name _____

Your address _____

City _____ State _____ Zip _____

Employer name _____

Employer address _____

_____ Employer phone (____) _____

Your occupation _____ Date job started ____/____/____

If you are NOT working right now, when did the job end? Month ____ Year ____

If you are working, how many hours do you work per week? _____

I get paid \$ _____ gross (before taxes) per month
 per week
 per hour

Your age ____ High school graduate YES

NO What was the highest grade completed?

Number of years in college ____, degree obtained _____

Number years in graduate school _____

Professional licences _____, vocational training _____

The last year I filed taxes was 20____. State of filing was ____, I claimed # ____ exemptions.

My filing status last time I filed taxes was: single
 head of household
 married filing separately
 married filing jointly with _____

Estimate the other party's monthly income: Gross \$ _____

Explain how you know this information _____

DEDUCTIONS	Last month
Required Union Dues	\$
Required Retirement payments (not social security, FICA, 401(k) or IRA)	\$
Medical, hospital, dental and other health insurance premiums (total monthly)	\$
Child support that I pay for children from other relationships	\$
Spousal support that I pay by court order from a different marriage	\$
Partner support that I pay by court order from a different domestic partnership	\$
Necessary job-related expenses non reimbursed by my employer	\$

ASSETS	Last month
Cash/Checking, Savings Accounts, Money Market, etc.	\$
Stocks, Bonds, Other assets you can liquidate	\$
All other property Real or Personal (less loans)	\$

THE FOLLOWING PEOPLE				Pays some of the household expenses?
LIVE WITH ME ↓	Age	Relationship	Income	
				Yes No
				Yes No
				Yes No
				Yes No
				Yes No
				Yes No
				Yes No

AVERAGE MONTHLY EXPENSES

a. HOME:	
Rent or Mortgage:	\$
<i>If mortgage</i> Average principal: _____	
Average interest: _____	
Real property taxes	\$
Homeowner's or renter's insurance	\$
Maintenance and repair	\$
b. Health-care costs not paid by insurance	\$
c. Child care	\$
d. Groceries and household supplies	\$
e. Eating out	\$
f. Utilities (gas + electric + water + trash)	\$
g. Telephone and internet	\$
h. Laundry and cleaning	\$
i. Clothing	\$
j. Education	\$
k. Entertainment + gifts + vacation	\$
l. Auto expenses and transportation (incl. insurance)	\$
m. Insurance (excluding auto and home)	\$
n. Savings and investments	\$
o. Charitable contributions	\$
TOTAL INSTALLMENT PAYMENTS BELOW	\$ <input type="text"/>
Other (specify)	\$
TOTAL EXPENSES	\$
Amount of expenses paid by others	\$



INSTALLMENT PAYMENTS AND DEBTS NOT LISTED ABOVE

Paid to	For	Amount	Balance	Last payment

COMPLETE THIS PAGE IF **CHILDREN** ARE INVOLVED

HEALTH INSURANCE FOR MY CHILDREN IS IS NOT AVAILABLE THROUGH MY EMPLOYER

MONTHLY COST PAID BY ME \$ _____
NAME OF CARRIER _____
ADDRESS _____
CITY, STATE, ZIP _____ - _____ - _____
POLICY # _____

% OF TIME EACH PARENT HAS PRIMARY PHYSICAL RESPONSIBILITY FOR THE CHILDREN

MOTHER _____% FATHER _____%

ADDITIONAL CHILD SUPPORT REQUESTED

- Child care costs related to employment (also state amount currently paid and by who)
- Uninsured health care costs for children (state monthly amount \$ _____ and paid by who _____)
- Special educational needs of the children - Describe _____
- Travel expenses for visitation (amount \$ _____ and who pays now _____)
- Hardship deductions (expenses that are extreme hardships - see below)
 - Extraordinary health care Amount paid: \$ _____ need to pay until _____
 - Uninsured catastrophic losses Amount paid: \$ _____ need to pay until _____
 - Living expenses of dependent minor \$ _____ need to pay until _____child(ren) who live with you (list names and ages)

_____-
_____-
_____-
_____-
_____-

Please sign here _____

"All answers are provided by me and I did NOT receive any legal advice from the store staff"