

INCOME AND EXPENSE STATEMENT

INCOME

Employer: _____
 Address: _____
 Type of Work: _____
 Pay Period (weekly, biweekly, etc.): _____

Gross Pay per Pay Period: \$ _____

Itemized Payroll Deductions:

Federal Withholding	\$	
Federal FICA & OASDI	\$	
Local Wage Tax	\$	
State Income Tax	\$	
Retirement	\$	
Credit Union/Savings Bonds		
Life Insurance		
Health Insurance	\$	
Other (specify)		
Accident Insurance		
FSA	\$	
Union Fees		
Net Pay per Pay Period: (see attached pay stub)	\$	

Other Income:

	Weekly	Monthly	Yearly
Interest/Dividends	\$	\$	\$
Pension/Annuity			
Social Security			
Rents/Royalties			
Gifts/Expense Account			
Unemployment Comp.			
Workmen's Comp.			
Total	\$		\$

TOTAL INCOME: \$ _____

EXPENSES

DESCRIPTION	WEEKLY	MONTHLY	YEARLY	NOTES
HOME				
Mortgage/Rent				
Maintenance				
Utilities				
Electric				
Home Repairs				
Oil				
Telephone				
Water				
Sewer/Trash				
EMPLOYMENT				
Public				
Lunch				
TAXES				
Real Estate				
Personal				
Income				
INSURANCE				
Homeowners				
Automobile				
Life				
Accident				
Health				
Other				

DESCRIPTION	WEEKLY	MONTHLY	YEARLY	NOTES
AUTOMOBILE				
Payment				
Fuel				
Repairs				
Maintenance				
MEDICAL				
Doctor				
Dentist				
Therapist				
Hospital				
Medicine				
Special Needs (glasses, braces, orthopedic devices)				
EDUCATION				
Private School				
Parochial School				
College				
Books/Miscellaneous				
PERSONAL				
Clothing				
Food				
Barber/Hairdresser				
Personal Care				
Hobbies				
Laundry/Dry Cleaning				
Memberships				

DESCRIPTION	WEEKLY	MONTHLY	YEARLY	NOTES
LOANS				
MISCELLANEOUS				
Household Help				
Childcare				
Papers/Books/Magazines				
Entertainment				
Pay TV (Cable) and Internet				
Vacation				
Gifts				
Legal Fees				
Charitable Contributions				
Other Child Support				
Alimony Payments				
OTHER				
Spousal Support				
TOTAL EXPENSES				

