

Date: _____

Employed by: _____	Children in Household Name DOB	Avg Gross Pay/MONTH: _____
City/State: _____		LESS _____
Occupation: _____		Income Taxes-Fed: _____
Pay Period: _____		Income Taxes-St: _____
Salary/Annual: _____		Medicare/FICA: _____
Next Payday: _____		Health Insurance: _____
# Exemptions: _____		Life Insurance: _____
	Required Retirement: _____	
	Avg MONTHLY NET PAY: _____	
	Other Income: _____	

Household

Mortgage or Rent * _____

Real Estate Prop. Tax _____

Personal Property Tax _____

Homeowner's Insurance _____

Repairs/Maintenance _____

Furniture/Furnishings _____

Utilities _____

Electricity _____

Gas/Heating Oil _____

Water/Sewage _____

Telephone _____

Trash Collection _____

Cable TV _____

Food

Groceries _____

Meals Out _____

Automobile

Payment _____

Gasoline _____

Repair Maintenance _____

Auto Insurance _____

Parking/Transportation _____

Tags/Inspection, etc. _____

Children Expenses

Child care _____

School Tuition _____

Lunch Money _____

School Supplies _____

Lessons/Sports _____

New Clothing _____

Personal Grooming _____

Other - Allowances _____

Debt Payments, total
(itemize below)

Clothing

New (excluding children) _____

Cleaning/Laundry _____

Uniforms _____

Health Expenses

Doctor _____

Dentist _____

Orthodontist _____

Therapist _____

Eyeglasses _____

Hospital _____

Medicines _____

Other _____

Dues

Professional Association _____

Social Associations _____

Homeowner's Association _____

Miscellaneous

Gifts (Xmas, Birthday) _____

Church/Charity _____

Entertainment(w/chdn) _____

Vacations _____

Hobbies _____

Personal Grooming _____

Newspapers/Publication _____

Disability Insurance _____

Life Insurance _____

Legal Expenses _____

Other: _____

Totals Per Month

Subtotal Expenses _____

Subtotal Debt Payments _____

TOTAL EXPENSES _____

TOTAL NET INCOME _____

BALANCE (Shortfall) _____

Liquid Assets on Hand

Cash/Checking/Savings _____

Other Liquid Assets _____

TOTAL LIQUID ASSETS _____