

HOUSEHOLD INFORMATION

List All Dependents			Individual Filer / Husband Employment Info	Spouse / 2 nd Job Employment Info
Initials	Age	Relationship	Job Title:	Job Title:
			Employer:	Employer:
			Address:	Address:
			City Zip	City Zip
			Years employed:	Years employed:
			Payroll Contact	Payroll Contact
			Payroll Fax #	Payroll Fax #

MONTHLY INCOME

INCOME FROM EMPLOYMENT	weekly <input type="checkbox"/>	2x per month <input type="checkbox"/>	weekly <input type="checkbox"/>	2x per month <input type="checkbox"/>
	every 2 weeks <input type="checkbox"/>	monthly <input type="checkbox"/>	every 2 weeks <input type="checkbox"/>	monthly <input type="checkbox"/>
Gross pay per pay period	\$		\$	
Total standard deductions each pay check	\$		\$	
Net income per pay check	\$		\$	
Wkly x 4.33 bwkly x 2.166 = monthly MONTHLY NET	\$		\$	
INCOME OUTSIDE OF EMPLOYMENT	Provide frequency of income		Provide frequency of income	
Pension Retirement Annuity	\$		\$	
Social Security Disability Workers Comp.	\$		\$	
Child Support Alimony Spousal Support	\$		\$	
Unemployment Compensation Food Stamps	\$		\$	
Gross Business Income Gross Rental Income	\$		\$	
SSI from Relatives Family Contributions	\$		\$	
MONTHLY TOTALS	\$	ADDED TO =>	\$	TOTAL PER MONTH = \$

MONTHLY EXPENSES

Rent	\$	Gasoline / Transportation	\$	Child Support (out of pocket)	\$
1 st Mortgage Payment	\$	Parking Expenses	\$	Alimony (out of pocket)	\$
2 nd Mortgage Payment	\$	Bus Fare	\$	Haircuts	\$
3 rd Mortgage Payment	\$	Vehicle Repairs	\$	Personal Care / Hygiene	\$
Condo Association Dues	\$	License Plates (\$____ / 12m)	\$	News Subscriptions	\$
Electric	\$	Recreation / Entertainment	\$	Postage	\$
Heat	\$	Charity / Church / Tithes	\$	Babysitting / Child Care	\$
Water / Sewer / Garbage	\$	Home Insurance (out of pocket)	\$	Pet Care	\$
Home Repairs / Up Keep	\$	Life Insurance (out of pocket)	\$	Storage Facility	\$
Cell Phones	\$	Health Insurance (out of pocket)	\$	Tobacco	\$
Home Phone	\$	Vehicle Insurance	\$	Business Expenses	\$
Cable	\$	Real Estate Taxes (out of pocket)	\$	Rental Expenses	\$
Internet	\$	IRS Repayment	\$	Other:	\$
Food	\$	Vehicle Payment #1	\$	Other:	\$
Clothing	\$	Vehicle Payment #2	\$	TOTAL:	\$
Laundry / Dry Cleaning	\$	Vehicle Payment #3	\$	TOTAL INCOME	\$
Medical / Dental / Prescriptions	\$	Tuition / Student Loan Repay	\$	TOTAL EXPENSES	\$
Eye Care Expenses	\$	Gym Memberships	\$	DIFFERENCE	\$