

INCOME WORKSHEET

	Monthly Average	Annual Total	% of Total
<i>Sources of Income:</i>			
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 _____	_____	_____	_____
Total	_____	_____	_____
<i>Taxes On Income:</i>			
Federal income tax	_____	_____	_____
State Income tax	_____	_____	_____
Social Security tax	_____	_____	_____
Medicare Tax	_____	_____	_____
Other _____	_____	_____	_____
Total	_____	_____	_____

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

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
