



# INCOME & EXPENSE STATEMENT

County:

Petitioner:

Respondent:

Case No:

Prepared:

Instructions: Monthly averages should be used for all income and expense items even though income and/or expense is not received/paid on a monthly basis. If item is received/paid on an irregular basis, take annual amount and divide by twelve.

Statement of:  Petitioner  Respondent

## I. AVERAGE MONTHLY INCOME

**A. Gross monthly income from wages** \_\_\_\_\_

**B. Minus the following adjustments:**

- < Federal withholding tax \_\_\_\_\_
- < State withholding tax \_\_\_\_\_
- < FICA \_\_\_\_\_
- < Union dues \_\_\_\_\_
- < Retirement contributions \_\_\_\_\_
- < Health/life insurance \_\_\_\_\_
- < Medicare \_\_\_\_\_
- < Other (describe) \_\_\_\_\_

**Total adjustments to wages** \_\_\_\_\_

**C. Maintenance received net of taxes** \_\_\_\_\_

**D. Child support received** \_\_\_\_\_

**E. Other income received net of taxes** (e.g., bonuses, rental income, investment income, etc.) \_\_\_\_\_

**TOTAL AVERAGE NET MONTHLY INCOME**

## II. AVERAGE MONTHLY EXPENSES

**A. Rent or home mortgage payment** \_\_\_\_\_

**B. General household expenses**

- < Electricity \_\_\_\_\_
- < Heating fuel (oil, gas, propane, wood, etc.) \_\_\_\_\_
- < Water and sewer \_\_\_\_\_
- < Cable television \_\_\_\_\_
- < Internet access \_\_\_\_\_
- < Phone service - land line \_\_\_\_\_
- < Phone service - cell \_\_\_\_\_
- < Home repair and maintenance \_\_\_\_\_
- < Yard maintenance (mowing, snow removal, etc.) \_\_\_\_\_
- < Trash pickup \_\_\_\_\_
- < Other (describe) \_\_\_\_\_

**Total general household expenses** \_\_\_\_\_

**C. Motor vehicle expenses**

- < Loan or lease payment \_\_\_\_\_
- < Gasoline/diesel \_\_\_\_\_
- < Maintenance and repair \_\_\_\_\_
- < Inspection and licensing \_\_\_\_\_
- < Other (describe) \_\_\_\_\_

**Total motor vehicle expenses** \_\_\_\_\_

**D. Insurance expenses (not included above)**

- < Life insurance for yourself \_\_\_\_\_
- < Life insurance for spouse/children \_\_\_\_\_
- < Health insurance for yourself \_\_\_\_\_
- < Health insurance for spouse/children \_\_\_\_\_
- < Disability insurance \_\_\_\_\_
- < Homeowner's/renter's insurance \_\_\_\_\_
- < Motor vehicle insurance \_\_\_\_\_
- < Other (describe) \_\_\_\_\_

**Total insurance expenses** \_\_\_\_\_

**E. Loan and credit card expenses (not included above)**

- < Secured (list) \_\_\_\_\_
- < Unsecured (list) \_\_\_\_\_
- < Credit card (list) \_\_\_\_\_

**Total loan expenses** \_\_\_\_\_

**F. Real estate and personal property taxes**

**G. Court ordered child support/maintenance payments**

**H. Church and charitable contributions**

**I. Day care costs**

**J. Other monthly living expenses**

- |   | <u>Yourself</u> | <u>Children</u> |
|---|-----------------|-----------------|
| < Groceries, household goods, supplies, etc.          | _____           | _____           |
| < Meal eaten away from home                           | _____           | _____           |
| < Clothing  | _____           | _____           |
| < Uninsured medical care and medications              | _____           | _____           |
| < Uninsured dental and orthodontic                    | _____           | _____           |
| < Uninsured eye care                                  | _____           | _____           |
| < Professional dry cleaning and laundry               | _____           | _____           |
| < Recreation and entertainment                        | _____           | _____           |
| < Beauty and barber shop                              | _____           | _____           |
| < School tuition, books, supplies and fees            | _____           | _____           |
| < School room and board                               | _____           | _____           |
| < Extracurricular fees (clubs, sports, lessons, etc.) | _____           | _____           |
| < Other (describe) _____                              | _____           | _____           |

**Total other monthly living expenses** \_\_\_\_\_

**TOTAL AVERAGE MONTHLY EXPENSES**

**III. RECAPITULATION**

**A. Net monthly income**

**B. Minus average monthly expenses**

**TOTAL MONTHLY NET DISPOSABLE INCOME**

**IV. SIGNATURES**

I hereby declare under penalties of perjury that the foregoing information is true and correct to the best of my knowledge and belief.

Signed By \_\_\_\_\_

Subscribed and sworn to before me on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

Notary Public \_\_\_\_\_