



INCOME AND EXPENSE WORKSHEET

NAME: _____ DATE: _____

This form will aid you in accurately itemizing your monthly expenses and income. Expense figures should cover all persons living at the residence. Using your checkbook records, bank records, credit card statements and personal knowledge (i.e., Gas = \$120 because I fill up 4 times per month at \$30 each), please complete the chart regarding your average monthly expenses. If you have an expense that does not fit into one of the categories listed, please add it to the worksheet. Please make a copy of the attached forms once you have completed them for your records before returning the originals to our office.

EMPLOYMENT

Give information on your current job(s) or, if you're unemployed, your most recent job. If you have had more than one job in the past 12 months, please provide information for each job.

Employer Name _____

Employer's Address and Phone No. _____

Occupation _____

Date Job Started _____

If Unemployed, Date Job Ended _____

No. Hours Worked per week _____

AGE AND EDUCATION

Date of Birth _____ Your Age Is: _____

No. Years of High School Completed: _____ No. Years of College / Graduate Completed: _____

Degree(s): _____

Professional License/ Vocational Training: _____

TAX INFORMATION

I Last Filed Taxes For Tax Year: _____

Tax Filing Status: ___ Single ___ Head Of Household ___ Married, Filing Separately
 ___ Married, Filing Jointly With: _____

State Tax Returns Filed In: ___ California ___ Other: _____

Number Of Exemptions Claimed (Including Yourself): _____

OTHER PARTY'S INCOME:

Gross Monthly Income (Before Taxes) For The Other Party Is: \$ _____ Per Month

This Estimate Is Based On (Explain): _____

INCOME INFORMATION FOR THE LAST 12 MONTHS

Based upon your paystubs and tax return, please indicate amount of income received for each source for the last 12 months. You will need to provide a copy of your most recent tax return, your paystubs for the last 2 month, and proof of any other income listed below.

I Get Paid: \$ _____	Gross (Before Taxes) Per	___ Month	___ Week	___ Hour
			<u>LAST MONTH</u>	<u>AVG MONTHLY</u>
Salary or Wages (gross, before taxes). Paystub Code(s):	_____	\$ _____	\$ _____	
Overtime (gross, before taxes). Paystub Code(s):	_____	\$ _____	\$ _____	
Commissions, Bonuses, Auto, etc.. Paystub Code(s):	_____	\$ _____	\$ _____	
Public Assistance (such as TANF, SSI, GA/GR)		\$ _____	\$ _____	
Spousal Support from This Marriage		\$ _____	\$ _____	
Spousal Support from a Different Marriage		\$ _____	\$ _____	
Pension/Retirement Fund Payments		\$ _____	\$ _____	
Social Security Retirement (not SSI)		\$ _____	\$ _____	
Disability: ___ Social Security (Not SSI) ___ State Disability (SDI) ___ Private		\$ _____	\$ _____	
Unemployment Compensation		\$ _____	\$ _____	
Workers' Compensation		\$ _____	\$ _____	
Other (military BAQ, royalty payments, etc.) Specify: _____		\$ _____	\$ _____	

INVESTMENT INCOME

Attach a Profit and Loss Schedule showing gross receipts expenses for each property.

Dividend/Interest from: _____	\$ _____	\$ _____
Rental Income from: _____	\$ _____	\$ _____
Trust Income _____	\$ _____	\$ _____
Other. Specify: _____	\$ _____	\$ _____

SELF-EMPLOYMENT / BUSINESS INCOME

For each business, attach a Profit and Loss Statement for the last two years, or your most recent Schedule C.

	<u>LAST MONTH</u>	<u>AVG MONTHLY</u>
Business #1: Income after Business Expenses:	\$ _____	\$ _____
Business Name _____		
Type of Business _____		
Number of Years in This Business: _____		
Business Interest: ___ Sole Proprietor ___ Partner (%): _____ ___ Other. Specify & %: _____		

ANY ADDITIONAL INCOME:

If you received one-time money (lottery winnings, inheritance, etc) in the last 12 months, please provide details regarding the source and amount. _____

CHANGE IN INCOME:

If your financial situation has changed significantly over the last 12 months (any change in job status), please provide details.

DEDUCTIONS	<u>LAST MONTH</u>	<u>AVG MONTHLY</u>
Required Union Dues	\$ _____	\$ _____
Required Retirement Payments (Not Social Security, FICA, 401(k) or IRA)	\$ _____	\$ _____
Medical and Other Insurance Premiums. Paystub Code(s): _____	\$ _____	\$ _____
Child Support that I pay by court order from another relationship	\$ _____	\$ _____
Spousal or Partner Support that I pay by court order from another relationship	\$ _____	\$ _____
Necessary Job Related Expenses. Specify: _____	\$ _____	\$ _____

ASSETS

Cash \$ _____ Checking \$ _____ Money Market \$ _____
 CDs \$ _____ Savings \$ _____ Credit Union \$ _____
 Stocks \$ _____ Bonds \$ _____ Other Liquid Asset(s) \$ _____
 Real Property (House): \$ _____ Personal Property (Cars, Artwork, etc): \$ _____

PEOPLE SHARING YOUR RESIDENCE:

If someone only lives part-time at the residence, please indicate that below.

NAME	AGE	HOW RELATED TO YOU?	THAT PERSON'S GROSS INCOME	AMOUNT HE/SHE CONTRIBUTES TO EXPENSES
			\$ _____	\$ _____
			\$ _____	\$ _____
			\$ _____	\$ _____
			\$ _____	\$ _____

EXPENSE WORKSHEET

If your expenses have changed since separation, please complete both the "Current Expenses" columns and the "Expenses During Marriage" columns.

	CURRENT EXPENSES		EXPENSES DURING MARRIAGE	
	MONTHLY	ANNUAL	MONTHLY	ANNUAL
HOME				
Rent	\$ _____	\$ _____	\$ _____	\$ _____
Mortgage	\$ _____	\$ _____	\$ _____	\$ _____
Principal Amount	\$ _____	\$ _____	\$ _____	\$ _____
Interest Amount	\$ _____	\$ _____	\$ _____	\$ _____
HELOC	\$ _____	\$ _____	\$ _____	\$ _____
Principal Amount	\$ _____	\$ _____	\$ _____	\$ _____
Interest Amount	\$ _____	\$ _____	\$ _____	\$ _____
Property Tax Impounded? Y/N	\$ _____	\$ _____	\$ _____	\$ _____
Home Ins Impounded? Y/N	\$ _____	\$ _____	\$ _____	\$ _____
HOME MAINTENANCE				
Homeowner Association Dues	\$ _____	\$ _____	\$ _____	\$ _____
Alarm / Security System	\$ _____	\$ _____	\$ _____	\$ _____
Gardener	\$ _____	\$ _____	\$ _____	\$ _____

Tree Trimming	\$	\$	\$	\$
Pest Control	\$	\$	\$	\$
Swimming Pool / Jacuzzi	\$	\$	\$	\$
Gardener	\$	\$	\$	\$
Housecleaning/Maid	\$	\$	\$	\$
Window Cleaning	\$	\$	\$	\$
Home Improvements	\$	\$	\$	\$
Home Repair	\$	\$	\$	\$
Repair Appliances	\$	\$	\$	\$
Total Home Expenses	\$	\$	\$	\$

HEALTHCARE – FOR YOU

Doctor	\$	\$	\$	\$
Hospital / Surgeries	\$	\$	\$	\$
Dental	\$	\$	\$	\$
Orthodontics	\$	\$	\$	\$
Optometrist	\$	\$	\$	\$
Counseling/Therapy	\$	\$	\$	\$
Prescription Medication	\$	\$	\$	\$
Over the Counter Medication	\$	\$	\$	\$
Glasses / Contacts	\$	\$	\$	\$
Total Healthcare Expenses	\$	\$	\$	\$

FOOD

Eating Out	\$	\$	\$	\$
Groceries / Food	\$	\$	\$	\$
Alcohol / Tobacco	\$	\$	\$	\$
Household Items & Toiletries	\$	\$	\$	\$
Total Food Expenses	\$	\$	\$	\$

UTILITIES

Electric	\$	\$	\$	\$
Gas	\$	\$	\$	\$
Water/Garbage	\$	\$	\$	\$
Cable / Satellite	\$	\$	\$	\$
Internet	\$	\$	\$	\$
Telephone	\$	\$	\$	\$
Cell Phone	\$	\$	\$	\$

Total Utility Expenses	\$ _____	\$ _____	\$ _____	\$ _____
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CLOTHING

Clothes	\$ _____	\$ _____	\$ _____	\$ _____
Shoes	\$ _____	\$ _____	\$ _____	\$ _____
Jewelry	\$ _____	\$ _____	\$ _____	\$ _____
Alterations	\$ _____	\$ _____	\$ _____	\$ _____
Dry Cleaning	\$ _____	\$ _____	\$ _____	\$ _____
Laundry	\$ _____	\$ _____	\$ _____	\$ _____
Total Clothing Expenses	\$ _____	\$ _____	\$ _____	\$ _____

EDUCATION – FOR YOU

Tuition	\$ _____	\$ _____	\$ _____	\$ _____
Registration	\$ _____	\$ _____	\$ _____	\$ _____
Books / Supplies	\$ _____	\$ _____	\$ _____	\$ _____
Total Education Expenses	\$ _____	\$ _____	\$ _____	\$ _____

ENTERTAINMENT & GIFTS

Vacations	\$ _____	\$ _____	\$ _____	\$ _____
Weekend Trips	\$ _____	\$ _____	\$ _____	\$ _____
Theater, Concerts, Sports	\$ _____	\$ _____	\$ _____	\$ _____
Entertainment	\$ _____	\$ _____	\$ _____	\$ _____
Holiday Gifts	\$ _____	\$ _____	\$ _____	\$ _____
Birthday Gifts	\$ _____	\$ _____	\$ _____	\$ _____
Other Gifts	\$ _____	\$ _____	\$ _____	\$ _____
Movies	\$ _____	\$ _____	\$ _____	\$ _____
Movie Rentals	\$ _____	\$ _____	\$ _____	\$ _____
Total Entertainment Expenses	\$ _____	\$ _____	\$ _____	\$ _____

AUTO

Gas	\$ _____	\$ _____	\$ _____	\$ _____
Auto Insurance	\$ _____	\$ _____	\$ _____	\$ _____
Auto Registration	\$ _____	\$ _____	\$ _____	\$ _____
Vehicle Maintenance	\$ _____	\$ _____	\$ _____	\$ _____
Auto Club	\$ _____	\$ _____	\$ _____	\$ _____
Car Washes	\$ _____	\$ _____	\$ _____	\$ _____
Parking	\$ _____	\$ _____	\$ _____	\$ _____
Toll Roads	\$ _____	\$ _____	\$ _____	\$ _____

Public Transportation	\$	\$	\$	\$
Total Auto Expenses	\$	\$	\$	\$

INSURANCE

Life Insurance	\$	\$	\$	\$
Disability	\$	\$	\$	\$
Long Term Care	\$	\$	\$	\$
Liability	\$	\$	\$	\$
Health Insurance	\$	\$	\$	\$
Dental Insurance	\$	\$	\$	\$
Vision Insurance	\$	\$	\$	\$
Total Insurance Expense	\$	\$	\$	\$

SAVINGS & CHARITY

Investment Savings	\$	\$	\$	\$
Retirement Savings	\$	\$	\$	\$
529 Plans	\$	\$	\$	\$
Charitable Contributions	\$	\$	\$	\$
Total Savings	\$	\$	\$	\$

OTHER MISCELLANEOUS

Newspaper Subscriptions	\$	\$	\$	\$
Magazine Subscriptions	\$	\$	\$	\$
Haircare, Maintenance	\$	\$	\$	\$
Manicures/Pedicures	\$	\$	\$	\$
Spa	\$	\$	\$	\$
Bank Charges	\$	\$	\$	\$
Tax Return Preparation	\$	\$	\$	\$
Estimated Tax Payments	\$	\$	\$	\$
Professional Fees	\$	\$	\$	\$
Gym Membership	\$	\$	\$	\$
Lessons or Classes	\$	\$	\$	\$
Other Memberships	\$	\$	\$	\$
Pet Care - Grooming	\$	\$	\$	\$
Pet Care - Vet	\$	\$	\$	\$
Pet Care - Food	\$	\$	\$	\$
Pet Care - License	\$	\$	\$	\$
Pet Care - Insurance	\$	\$	\$	\$

Storage	\$	\$	\$	\$
Timeshare Dues	\$	\$	\$	\$
Timeshare Taxes	\$	\$	\$	\$
Misc	\$	\$	\$	\$
Total Miscellaneous Expenses	\$	\$	\$	\$

INSTALLMENT PAYMENTS

Credit Card:	\$	\$	\$	\$
Credit Card:	\$	\$	\$	\$
Credit Card:	\$	\$	\$	\$
Auto Payment	\$	\$	\$	\$
Timeshare Payment	\$	\$	\$	\$
Personal Loan Payment	\$	\$	\$	\$
Estimated Tax Payment	\$	\$	\$	\$
Total Installment Payments	\$	\$	\$	\$

CHILD(REN)'S EXPENSES

Baby Sitter / Nanny	\$	\$	\$	\$
Daycare / After School / Summer	\$	\$	\$	\$
Doctor	\$	\$	\$	\$
Hospital / Surgeries	\$	\$	\$	\$
Dental	\$	\$	\$	\$
Orthodontics	\$	\$	\$	\$
Optometrist	\$	\$	\$	\$
Counseling/Therapy	\$	\$	\$	\$
Prescription Medication	\$	\$	\$	\$
Over the Counter Medication	\$	\$	\$	\$
Glasses / Contacts	\$	\$	\$	\$
Clothes & Shoes	\$	\$	\$	\$
Haircuts	\$	\$	\$	\$
Tuition	\$	\$	\$	\$
Registration	\$	\$	\$	\$
Books / Supplies	\$	\$	\$	\$
School Donations	\$	\$	\$	\$
Uniforms	\$	\$	\$	\$
School Lunches	\$	\$	\$	\$
Transportation	\$	\$	\$	\$
Field Trips	\$	\$	\$	\$

Tutoring	\$	\$	\$	\$
Allowance	\$	\$	\$	\$
Lessons	\$	\$	\$	\$
Extracurricular Activities	\$	\$	\$	\$
Travel Expense for Visitation	\$	\$	\$	\$
Total Child(ren)'s Expenses	\$	\$	\$	\$

MONTHLY EXPENSES PAID BY OTHERS:

If a third party (i.e., a parent or relative) helps out with some of the above expenses, please provide their name and the amount that they pay toward your expenses each month.

ATTORNEY'S FEES

Attorneys Fees and Costs paid to this office: \$ _____

Attorneys Fees and Costs paid to any prior attorneys (Specify) _____ \$ _____

Fees and costs paid for any expert related to this action (Specify) _____ \$ _____

Source of Funds: _____

MARITAL STANDARD OF LIVING

Please describe your standard of living during the last several years of the marriage. Include such items as vacations (destinations, length, cost), types of vehicles you drove, describe your neighborhood, your house, hobbies and activities, gifts given to each other, and any other pertinent factors regarding your marital standard of living.

CHILD SUPPORT INFORMATION

**** COMPLETE BELOW ONLY IF YOUR CASE INVOLVES CHILD SUPPORT ****

Number of Children under 18 that you have with the other parent. _____

Percentage of time each parent spends with the child(ren): _____ % Mother _____ % Father

Health Insurance Company, Address, Phone: _____

Monthly Cost for the Child(ren)'s Health Insurance \$ _____

Extraordinary Health Expenses (describe): _____ \$ _____

Major Uninsured Loss (fire, theft) (describe): _____ \$ _____

Expenses for Minor Children from Other Relationship: _____ \$ _____