

# FINANCIAL STATEMENT - INCOME

CASE NO. \_\_\_\_\_

Petitioner  Movant  Respondent

DATE OF INFORMATION:  Monthly  Twice Per Month  
 I AM PAID:  Monthly  Every Two Weeks  Weekly

Attorney \_\_\_\_\_

NEXT PAY CHECK DUE: \_\_\_\_\_

MONTHLY INCOME

1. Employment Income (Include Bonuses, Commissions, Etc.)			
a. Gross Income.....	a	S	
b. Withholding Tax.....	b	(	)
c. Social Security & Medicare.....	c	(	)
d. Other Deduction: _____	d	(	)
e. Net Income (Subtract b,c & d from a).....	1e	S	_____
2. Self-Employment Income (Average)			
a. Gross Income.....	a	(	)
b. Business Expenses (w/o depreciation)	b	(	)
c. Est. Withholding Tax.....	c	(	)
d. Est. Soc. Security & Medicare.....	d	(	)
e. Net Self-Employment Income (Subtract b,c & d from a)...	2e	(	)
3. Unemployment Benefits.....	3	(	)
4. Workers' Comp. & Disability Benefits.....	4	(	)
5. Social Security Benefits.....	5	(	)
6. Interest, Dividend & Royalty Income.....	6	(	)
7. Net Rental Income.....	7	(	)
8. Pension, Retirement & Annuity Income.....	8	(	)
9. Trust Income.....	9	(	)
10. Other Income.....	10	(	)

NET RESOURCES (Add 1e,2d,3,4,5,6,7,8,9,10).....\$ \_\_\_\_\_

# FINANCIAL STATEMENT - EXPENSES

CASE NO. \_\_\_\_\_

Petitioner  Movant  Respondent

DATE OF INFORMATION: \_\_\_\_\_

\_\_\_\_\_  
Attorney

MONTHLY EXPENSES

1. HOUSING:

- a. House Payment or Rent..... \$ \_\_\_\_\_
- b. Insurance (Homeowner or Tenant)..... \_\_\_\_\_
- c. Electric Utility..... \_\_\_\_\_
- d. Natural Gas Utility..... \_\_\_\_\_
- e. Water Utility..... \_\_\_\_\_
- f. Telephone..... \_\_\_\_\_
- g. Maintenance and Repair..... \_\_\_\_\_

2. VEHICLE AND TRANSPORTATION:

- a. Vehicle Loan or Lease Payments..... \_\_\_\_\_
- b. Vehicle Insurance..... \_\_\_\_\_
- c. Gasoline..... \_\_\_\_\_
- d. Maintenance and Repair..... \_\_\_\_\_
- e. Other Transportation..... \_\_\_\_\_

3. PERSONAL INSURANCE:

- a. Medical, Dental & Health Insurance..... \_\_\_\_\_
- b. Life Insurance..... \_\_\_\_\_
- c. Other Insurance..... \_\_\_\_\_

4. FOOD, CLOTHING AND PERSONAL:

- a. Groceries..... \_\_\_\_\_
- b. Restaurant Meals..... \_\_\_\_\_
- c. School Supplies, Fees & Other Costs..... \_\_\_\_\_
- d. Clothing..... \_\_\_\_\_
- e. Grooming (Barber, Stylist, Etc.)..... \_\_\_\_\_
- f. Cleaning and Laundry..... \_\_\_\_\_
- g. Work Uniforms..... \_\_\_\_\_
- h. Dues (Union, Professional, Etc.)..... \_\_\_\_\_
- i. Entertainment..... \_\_\_\_\_

5. HEALTH CARE: (Not paid by Insurance)

- a. Physicians and Hospitals..... \_\_\_\_\_
- b. Dentists..... \_\_\_\_\_
- c. Prescription Drugs..... \_\_\_\_\_

6. CHILD CARE:

..... \_\_\_\_\_

7. CHARGE ACCTS. AND OTHER PAYMENTS:

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_
- e. \_\_\_\_\_

TOTAL MONTHLY EXPENSES:

..... \$ \_\_\_\_\_