



STEVEN J. LANE

**SAMPLE - MONTHLY INCOME AND EXPENSE LIST
FOR SPOUSAL SUPPORT**

I. INCOME

- A. Gross Salary and Wages, including Commissions, Bonuses, Overtime, etc. \$ _____
- B. Pensions and Retirement _____
- C. Social Security _____
- D. Disability and Unemployment Insurance _____
- E. Child/Spousal Support from Prior Marriage _____
- F. Dividends and Interest _____
- G. Rents _____
- H. Expense Account _____
- I. Other (Specify) _____
- TOTAL GROSS INCOME \$ _____

II. MONTHLY DEDUCTIONS (MANDATORY)

- A. Federal Income Tax Withheld \$ _____
- B. State Income Tax Withheld _____
- C. Social Security _____
- D. Other (Specify) _____
- TOTAL \$ _____

III. MONTHLY DEDUCTIONS (VOLUNTARY)

A.	Health Insurance	_____
B.	Disability Insurance	_____
C.	Retirement/Pension	_____
D.	Savings Plan	_____
E.	Dues	_____
F.	Other (Specify)	_____
	TOTAL	\$ _____
	TOTAL MONTHLY DEDUCTIONS	\$ _____
	TOTAL MONTHLY INCOME	\$ _____

IV. MONTHLY EXPENSES	SPOUSE	CHILDREN
A. Rent or Mortgage	\$ _____	\$ _____
B. Homeowner's/Renter's Insurance	_____	_____
C. Maintenance	_____	_____
D. Utilities	_____	_____
1. Electricity	_____	_____
2. Water & Sewerage	_____	_____
3. Telephone	_____	_____
4. Other (Specify)	_____	_____
E. Food & Household Supplies	_____	_____
F. Meals Away From Home	_____	_____
G. Medical	_____	_____
1. Insurance	_____	_____
2. Doctor	_____	_____
3. Dental/Orthodontic	_____	_____
4. Drugs	_____	_____
5. Other (Specify)	_____	_____
H. Clothing	_____	_____

I.	Laundry/Dry Cleaning	_____	_____
J.	Education	_____	_____
	1. Uniforms	_____	_____
	2. Registration/Tuition	_____	_____
	3. Meals	_____	_____
	4. Transportation	_____	_____
	5. Supplies	_____	_____
	6. Other (Specify)	_____	_____
K.	Automobile	_____	_____
	1. Insurance	_____	_____
	2. Lease/Mortgage	_____	_____
	3. Gasoline	_____	_____
	4. Maintenance	_____	_____
	5. Other (Specify)	_____	_____
L.	Insurance	_____	_____
	1. Life	_____	_____
	2. Other (Specify)	_____	_____
M.	Child Care	_____	_____
N.	Spousal/Child Support Prior Marriage	_____	_____
O.	Entertainment (Include Clubs, Dining, Recreation, Etc.)	_____	_____
P.	Vacations	_____	_____
Q.	Gifts, Donations	_____	_____
R.	Newspaper, Magazine & Book Subscriptions	_____	_____
S.	Personal & Grooming	_____	_____
T.	Installment Obligations:		
	Creditor		Balance

- 1. _____
- 2. _____
- 3. _____

U. Other (Specify)

- 1. _____
- 2. _____
- 3. _____

TOTAL MONTHLY EXPENSES \$ _____

TOTAL OF SPOUSE AND CHILD (REN) \$ _____

V. RECAP

- A. NET INCOME \$ _____
- B. TOTAL EXPENSES (-) \$ _____
- C. EXCESS OR NEED \$ _____