

Expense Worksheet

	MONTHLY	ANNUAL	START/END DATE
HOUSING			
Utilities	_____	_____	_____
-Electricity/Gas	_____	_____	_____
-Water	_____	_____	_____
-Telephone	_____	_____	_____
-Cable/Satellite/DSL	_____	_____	_____
Maintenance	_____	_____	_____
-Security System	_____	_____	_____
-Maid Service	_____	_____	_____
-Lawn Service	_____	_____	_____
-Garbage Pickup	_____	_____	_____
Rent	_____	_____	_____
Community Dues	_____	_____	_____
Other _____	_____	_____	_____
Other _____	_____	_____	_____
Other _____	_____	_____	_____
Other _____	_____	_____	_____
Total	_____	_____	_____
INSTALLMENT DEBT			
Mortgage(s)	_____	_____	_____
Student Loan(s)	_____	_____	_____
Credit Card(s)	_____	_____	_____
Other _____	_____	_____	_____
Other _____	_____	_____	_____
Total	_____	_____	_____
CHILD CARE			
Daycare	_____	_____	_____
Sports Activities	_____	_____	_____
Other _____	_____	_____	_____
Total	_____	_____	_____
FOOD/BEVERAGES			
Groceries	_____	_____	_____
Wine/Beer/etc.	_____	_____	_____
Household Supplies	_____	_____	_____
Other _____	_____	_____	_____
Total	_____	_____	_____
TRANSPORTATION			
Loan/Lease	_____	_____	_____
Gas	_____	_____	_____
Maintenance	_____	_____	_____
Tags/Inspection	_____	_____	_____
Other _____	_____	_____	_____
Total	_____	_____	_____

	MONTHLY	ANNUAL	START/END DATE
ENTERTAINMENT			
Dining Out	_____	_____	_____
Sports Tickets	_____	_____	_____
Theater Tickets	_____	_____	_____
Hobbies	_____	_____	_____
Movies/Videos	_____	_____	_____
Clubs	_____	_____	_____
Other _____	_____	_____	_____
Other _____	_____	_____	_____
Total	_____	_____	_____
PERSONAL CARE			
Dry Cleaning	_____	_____	_____
Health Club	_____	_____	_____
Vitamins/Non-	_____	_____	_____
Prescribed Medication	_____	_____	_____
Other _____	_____	_____	_____
Other _____	_____	_____	_____
Total	_____	_____	_____
CLOTHING			
Husband	_____	_____	_____
Wife	_____	_____	_____
Children	_____	_____	_____
Total	_____	_____	_____
FURNISHINGS			
Indoor	_____	_____	_____
Outdoor	_____	_____	_____
Total	_____	_____	_____
EDUCATION			
Private School/College	_____	_____	_____
Classes	_____	_____	_____
Other _____	_____	_____	_____
Other _____	_____	_____	_____
Total	_____	_____	_____
VACATIONS AND HOLIDAYS			
Airfare	_____	_____	_____
Hotels	_____	_____	_____
Food	_____	_____	_____
Entertainment	_____	_____	_____
Auto	_____	_____	_____
Other _____	_____	_____	_____
Other _____	_____	_____	_____
Total	_____	_____	_____

	MONTHLY	ANNUAL	START/END DATE
GIFTS			
Holidays	_____	_____	_____
Birthdays	_____	_____	_____
Weddings	_____	_____	_____
Other _____	_____	_____	_____
Total	_____	_____	_____
PETS			
Food	_____	_____	_____
Veterinarian	_____	_____	_____
Other _____	_____	_____	_____
Total	_____	_____	_____
MISCELLANEOUS			
Other _____	_____	_____	_____
Other _____	_____	_____	_____
Other _____	_____	_____	_____
Total	_____	_____	_____
ALIMONY			
Total	_____	_____	_____
MEDICAL EXPENSES			
Co-Pay	_____	_____	_____
Deductible	_____	_____	_____
Prescribed Medication	_____	_____	_____
Dental	_____	_____	_____
Contacts/Eyeglasses	_____	_____	_____
Other _____	_____	_____	_____
Total	_____	_____	_____
REAL ESTATE AND PROPERTY TAXES			
Total	_____	_____	_____
GIFTS TO CHARITY			
House of Worship	_____	_____	_____
Other _____	_____	_____	_____
Other _____	_____	_____	_____
Other _____	_____	_____	_____
Total	_____	_____	_____
EMPLOYMENT/BUSINESS EXPENSES GENERAL			
Other _____	_____	_____	_____
Other _____	_____	_____	_____
Other _____	_____	_____	_____
Total	_____	_____	_____

