

## I. PERSONAL INFORMATION

Date of Marriage:  
Date of Separation:  
Full name:  
Date of birth:  
Citizenship:  U.S.  Resident Alien  Non-Resident Alien  
Address:

Home phone: Work phone:  
Cell:  
E-mail:

### A. YOUR PERSONAL INFORMATION

#### Employment

Employer name:  
Employer Telephone:  
Employers address:  
Occupation:  
Date job started:  
Number of hours worked per week:  
If unemployed, date job ended:  
Do you currently have health insurance coverage?  
 Private  provided by employer  none  covered by spouse's employer

#### Education

I have completed high school or the equivalent:  yes  no  
If no, highest grade completed:  
Number of year's college completed:  
Name of Colleges attended and years of attendance:

Degree(s) obtained:

Number of years of graduate school completed:  
Name of Colleges attended and years of attendance:

Graduate Degree(s) obtained:

List any professional/occupational licenses:

List any vocational/special training:

List memberships of any organizations/clubs:

Awards and honors:

Books/articles published:

**B. YOUR SPOUSE'S PERSONAL INFORMATION**

Full name:

Date of birth:

Citizenship:  U.S.  Resident Alien  Non-Resident Alien

Address:

Home phone:

Work phone:

Cell:

E-mail:

**Employment**

Employer name:

Employer Telephone:

Employers address:

Occupation:

Date job started:

Number of hours worked per week:

If unemployed, date job ended:

Does your spouse currently have health insurance coverage?

Private       provided by employer       none       covered by your employer

**Education**

Spouse has completed high school or the equivalent:  yes       no

If no, highest grade completed:

Number of year's college completed:

Name of Colleges attended and years of attendance:

Degree(s) obtained:

Number of years of graduate school completed:

Name of Colleges attended and years of attendance:

Graduate Degree(s) obtained:

List any professional/occupational licenses:

List any vocational/special training:

List memberships of any organizations/clubs:

Awards and honors:

Books/articles published:

**C. YOUR TAXES**

I last filed taxes for which year:

Tax filing status was  single  married filing jointly  married filing separately  head of household

States in which you file tax returns  California  other

I claimed the following exemptions (including myself) on taxes:

**D. ESTIMATE OF OTHER PARTYS INCOME**

I estimate that the gross monthly income (before taxes) of the other party in this case is: \$ \_\_\_\_\_

Please provide reasons for this estimate:

**E. ESTIMATE OF ASSETS**

Cash and checking accounts, savings, credit union, money market, and other deposits \$ \_\_\_\_\_

Stocks, bonds, and other assets I could easily sell: \$ \_\_\_\_\_

All other real property (estimate the fair market value minus the debts you owe) \$ \_\_\_\_\_

All other personal property (estimate the fair market value minus the debts you owe) \$ \_\_\_\_\_

**F. PEOPLE LIVING WITH YOU**

Full name:

Date of birth:

Relationship

Estimated educational cost per year: \$ \_\_\_\_\_ Starting in year: \_\_\_\_\_ for \_\_\_\_\_ years

Special needs per year: \$ \_\_\_\_\_ Starting in year: \_\_\_\_\_ for \_\_\_\_\_ years

This person's monthly income, if any:

Does this person pay some of the household expenses:  yes  no?

How much: \$ \_\_\_\_\_

Full name:

Date of birth:

Relationship

Estimated educational cost per year: \$ \_\_\_\_\_ Starting in year: \_\_\_\_\_ for \_\_\_\_\_ years

Special needs per year: \$ \_\_\_\_\_ Starting in year: \_\_\_\_\_ for \_\_\_\_\_ years

This person's monthly income, if any:

Does this person pay some of the household expenses:  yes  no

How much: \$ \_\_\_\_\_

Full name:  
Date of birth:  
Relationship  
Estimated educational cost per year: \$ \_\_\_\_\_ Starting in year: \_\_\_\_\_ for \_\_\_\_\_ years  
Special needs per year: \$ \_\_\_\_\_ Starting in year: \_\_\_\_\_ for \_\_\_\_\_ years  
This person's monthly income, if any:  
Does this person pay some of the household expenses:  yes  no  
How much: \$ \_\_\_\_\_

Full name:  
Date of birth:  
Relationship  
Estimated educational cost per year: \$ \_\_\_\_\_ Starting in year: \_\_\_\_\_ for \_\_\_\_\_ years  
Special needs per year: \$ \_\_\_\_\_ Starting in year: \_\_\_\_\_ for \_\_\_\_\_ years  
This person's monthly income, if any:  
Does this person pay some of the household expenses:  yes  no  
How much: \$ \_\_\_\_\_

Full name:  
Date of birth:  
Relationship  
Estimated educational cost per year: \$ \_\_\_\_\_ Starting in year: \_\_\_\_\_ for \_\_\_\_\_ years  
Special needs per year: \$ \_\_\_\_\_ Starting in year: \_\_\_\_\_ for \_\_\_\_\_ years  
This person's monthly income, if any:  
Does this person pay some of the household expenses:  yes  no  
How much: \$ \_\_\_\_\_

## II. INCOME INFORMATION

### INSTRUCTIONS:

\* If your income has fluctuated significantly over the previous twelve months you should be prepared to discuss this in detail. Please also bring to my attention whether you expect there to be any changes to your income in the next twelve months .

With regard to your gross monthly income, please keep in mind that there are 4 1/3 weeks per month. If you are paid every other week (bi-weekly) for example, multiply your gross pay and all deductions by 2.17. Do not forget to include all income that you may have received such as dividends, interest, rents. If you have received such income but have not yet received Form 1098's for the year, contact your bank or broker for an estimate of how much income you have received in the last twelve months.

If your business pays for your personal perquisites such as your car payments, travel and entertainment, medical, telephone, the total amount of these perquisites should be listed. You may need to calculate these amount if you receive bills which include both business and personal use. For example, if your business pays for your telephone you should inspect your telephone bill and calculate the amount paid for personal calls only.

### YOU SHOULD FURNISH THE FOLLOWING:

1. Copies of your pay stubs for the last two months and proof of other income.
2. Copies of last 2 years tax returns
3. If you have income from a business attach last 2 years business tax returns (including schedule (C) and 2 years profit and loss statements.

### A. INCOME RECEIVED BY YOU LAST MONTH AND AVERAGE FOR THE LAST 12 MONTHS

|  | Last month | Average<br>Monthly |
|--|------------|--------------------|
| Salary or wages (gross before taxes) Complete <b>Income Employment Worksheet below. 1.</b> | \$         | \$                 |
| Overtime (gross before wages)  | \$ .....   | \$ .....           |
| Commissions  | \$         | \$ .....           |
| Bonuses  | \$         | \$                 |
| Public Assistance  | \$         | \$ .....           |
| Spousal support from this marriage   | \$         | \$ .....           |
| Spousal Support from prior marriage  | \$ .....   | \$ .....           |
| Partner support from this domestic partnership   | \$         | \$                 |
| Partner support from prior domestic partnership  | \$ .....   | \$ .....           |
| Pension/retirement/annuity payments  | \$ .....   | \$ .....           |
| Social Security retirement   | \$         | \$ .....           |
| Disability benefits, specify:  | \$         |                    |

|  | <b>Last Month</b> | <b>Average Monthly</b> |
|--|-------------------|------------------------|
| Unemployment compensation  | \$ _____          | \$ _____               |
| Workers compensation   | \$ _____          | \$ _____               |
| Dividends taxable  | \$ _____          | \$ _____               |
| Dividends-tax exempt   | \$ _____          | \$ _____               |
| Rental property income   | \$ _____          | \$ _____               |
| Trust and estate income  | \$ _____          | \$ _____               |
| Contributions from others to household   | \$ _____          | \$ _____               |
| Royalties  | \$ _____          | \$ _____               |
| Military Basic Allowance for quarters  | \$ _____          | \$ _____               |
| <b>Income from a business</b> (gross receipts less expenditure required for the operation of the business. Attach schedules) | \$ _____          | \$ _____               |

The name of business is:

Type of business is:  
I am  owner  partner  other

Perquisites paid by employer or your business ( housing, entertainment, telephone, gas)      \$ \_\_\_\_\_      \$ \_\_\_\_\_

List Additional income:

Has your income changed during the last 12 months? Explain:

Do you expect it to change further in the next 12 months (e.g. you may be expecting to receive a bonus)? Explain:

**B. YOUR DEDUCTIONS FOR THE LAST MONTH**

|   |          |
|---|----------|
| Payroll deductions:   | \$ _____ |
| Federal Income Tax  | \$ _____ |
| State income tax  | \$ _____ |
| Social Security   | \$ _____ |
| Medicare  | \$ _____ |
| SDI   | \$ _____ |
| Mandatory pension and retirement payments                               | \$ _____ |
| Required Union dues   | \$ _____ |
| Medical, hospital, dental and other health insurance for you and family | \$ _____ |
| Child Support you pay for children from other relationships             | \$ _____ |
| Spousal support you pay by court order from prior marriage              | \$ _____ |
| Partner support you pay by court order from prior domestic partnership  | \$ _____ |
| Necessary Job related expenses not re-imbursed by employer:             | \$ _____ |
| i.  |          |
| ii.   | \$ _____ |
| iii.  | \$ _____ |
| iv.   | \$ _____ |

If you have had income from multiple sources in the last 12 months please list income sources:

**Income Employment Worksheet**

|    |  |    |          |
|----|--|----|----------|
| 1. | Employer's name:                       |    |          |
|    | Job duties/type of employment          |    |          |
|    | Pay period:                            | to |          |
|    | Gross pay received during this period: |    | \$ _____ |
|    | Total deductions during this period    |    | \$ _____ |
|    | Net income for this period             |    | \$ _____ |
| 2. | Employer's name:                       |    |          |
|    | Job duties/type of employment          |    |          |
|    | Pay period:                            | to |          |
|    | Gross pay received during this period: |    | \$ _____ |
|    | Total deductions during this period    |    | \$ _____ |
|    | Net income for this period             |    | \$ _____ |
| 3. | Employer's name:                       |    |          |
|    | Job duties/type of employment          |    |          |
|    | Pay period:                            | to |          |
|    | Gross pay received during this period: |    | \$ _____ |
|    | Total deductions during this period    |    | \$ _____ |

Net income for this period \$ \_\_\_\_\_

4. Employer's name: \_\_\_\_\_  
Job duties/type of employment \_\_\_\_\_  
Pay period: \_\_\_\_\_ to \_\_\_\_\_  
Gross pay received during this period: \$ \_\_\_\_\_  
Total deductions during this period \$ \_\_\_\_\_  
Net income for this period \$ \_\_\_\_\_

5. Employer's name: \_\_\_\_\_  
Job duties/type of employment \_\_\_\_\_  
Pay period: \_\_\_\_\_ to \_\_\_\_\_  
Gross pay received during this period: \$ \_\_\_\_\_  
Total deductions during this period \$ \_\_\_\_\_  
Net income for this period \$ \_\_\_\_\_

**III. CHILD SUPPORT INFORMATION**

**\*ONLY FILL THIS SECTION OUT IF YOUR CASE INVOLVES CHILDREN**

- 1. I have \_\_\_\_\_ number of children under the age of 18 with the other parent in this case.
- 2. The children spend \_\_\_\_\_ % of the time with me and \_\_\_\_\_ % of the time with the other parent.

(NOTE: You can calculate the percent of time you spend with the children by multiplying the number of hours you spend with the children in one month by 0.139. For example, if you have the 2<sup>nd</sup> and 4<sup>th</sup> weekends of the month with the children from Friday at 6 p.m. until Sunday at 6 p.m., your custodial time-share would be about 13% (48 x 2 x 0.139). Be sure to include all holidays and vacation time. If your custodial schedule is complicated it may be a good idea to prepare a written summary of your estimate. The time you spend with the children for the purposes of calculating child support includes all the time you have responsibility for the children. So even if you take the children to child care during the day that time would count towards your time spent with the children for the purposes of calculating child support if the children are your responsibility for that time.)

**3. Children's Health Care Expenses**

- I do not have health care insurance for the children through my job.
- I do have health care insurance for the children through my job.

If you have health care insurance through your job list:

Name of Insurance Company: \_\_\_\_\_

Address of Insurance Company: \_\_\_\_\_

Monthly cost I pay for health care insurance: \$ \_\_\_\_\_

If you do not have coverage, what would be the cost of health insurance of the children: \$ \_\_\_\_\_

**4. Additional Monthly Expenses for the children:**

- |  | Per month |
|--|-----------|
| a. Child care so I can work or get job training:             | \$ _____  |
| b. Children's health care expenses not covered by insurance: | \$ _____  |
| c. Travel expenses of visitation:                            | \$ _____  |
| d. Children's educational or special needs (specify below)   | \$ _____  |

5. **Special Hardships:**

(NOTE: If you are supporting children from another relationship, be sure to include their basic living expenses and specify their names and ages. The court may consider these expenses along with extraordinary health expenses and losses not covered by insurance in determining child support if they cause an extreme financial hardship. If you are claiming an extreme financial hardship be prepared to back up these additional expenses with documentation.)

- a. Extraordinary health expenses not included in 4.b. above: \$ \_\_\_\_\_
- b. Major losses not covered by insurance (e.g. fire, theft..) \$ \_\_\_\_\_
- c. Expenses for minor children who are from other relationships and are living with me: \$ \_\_\_\_\_
- d. Specify the names and ages of those children who are from other Relationships and living with me:  

|             |            |
|-------------|------------|
| <u>Name</u> | <u>Age</u> |
|-------------|------------|

- e. Amount of court ordered child support you receive for this children: \$ \_\_\_\_\_
- d. Amount of non-court ordered child support you receive for this children: \$ \_\_\_\_\_

**IV. Household Expenses per month**

The Client Monthly Expense Worksheet is simply to help you break down the many different categories of expenses that often exist. The information that you provide for this document will be transferred to Page 3 of the formal Income and Expense Declaration. This questionnaire is designed to aid you in the important task of accurately itemizing your monthly expenses so that we know (a) what you need, and (b) so that each expense figure can be explained if questioned in court. The more time you spend preparing a complete and current statement of your needs, the better the chance of favorable action by the court.

We have included three categories of expenses. The first category requests information relating to joint household expenses prior to separation. This will give us an idea of your marital standard of living. This information will be important in calculating any proposed spousal support payable by or to you. The other columns ask for your actual and estimated expenses. If you and your spouse still live together, or if you have only recently separated, your estimated expenses may involve a certain amount of estimating and guesswork.

Remember that this list is not exhaustive, but rather a general guideline to the frequently encountered recurring expenses of clients. For the last item of each category of expenses, there is an item entitled "Other". Please feel free to create an attached list of items and reference this list to the category to which it pertains. It never seems to amaze our office how many different categories of expenses people often incur.

Please compute an average monthly expense for each of the categories listed, using your checkbook records, canceled checks, credit cards statements, personal knowledge, etc. If you do not have records available for certain expenses, it is all right to make an educated estimate based on a standard of living similar to that which you had during the marriage. If your spouse has in the past been responsible for paying bills and you have no idea of your joint expenses prior to separation you should contact your local utility companies and realty company to obtain estimates of household expenses. You may need to contact various sources, such as insurance agents or utility companies, to confirm your expenses. This may result in total expenses more than you are spending at the moment.

In calculating the average monthly expense, please remember that the average month is 4-1/3 weeks (not four weeks, other than most Februaries).

If a certain expense occurs only once every several years, please calculate the average yearly expense, and then break it down to an average monthly expense.

Complete these columns

**X**

Joint expenses of entire family prior to separation

Your household's actual expenses last Month

Estimated expenses that you will need to live in the future

**1. Household**

|                       |          |          |          |
|-----------------------|----------|----------|----------|
| Rent                  | \$ _____ | \$ _____ | \$ _____ |
| Mortgage              | \$ _____ | \$ _____ | \$ _____ |
| Property tax          | \$ _____ | \$ _____ | \$ _____ |
| Home owner/assn. fees | \$ _____ | \$ _____ | \$ _____ |
| Telephone             | \$ _____ | \$ _____ | \$ _____ |
| Cell phones           | \$ _____ | \$ _____ | \$ _____ |
| Gas and electric      | \$ _____ | \$ _____ | \$ _____ |
| Water                 | \$ _____ | \$ _____ | \$ _____ |
| Fuel                  | \$ _____ | \$ _____ | \$ _____ |
| Garbage service       | \$ _____ | \$ _____ | \$ _____ |
| Cable TV              | \$ _____ | \$ _____ | \$ _____ |
| Computer access fees  | \$ _____ | \$ _____ | \$ _____ |
| Cleaning materials    | \$ _____ | \$ _____ | \$ _____ |
| Small home items      | \$ _____ | \$ _____ | \$ _____ |
| Yard care             | \$ _____ | \$ _____ | \$ _____ |
| House cleaning        | \$ _____ | \$ _____ | \$ _____ |
| House cleaning        | \$ _____ | \$ _____ | \$ _____ |
| House cleaning        | \$ _____ | \$ _____ | \$ _____ |
| House maintenance     | \$ _____ | \$ _____ | \$ _____ |
| Swimming pool         | \$ _____ | \$ _____ | \$ _____ |
| Repairs               | \$ _____ | \$ _____ | \$ _____ |
| New appliances        | \$ _____ | \$ _____ | \$ _____ |
| New furniture         | \$ _____ | \$ _____ | \$ _____ |
| Home improvements     | \$ _____ | \$ _____ | \$ _____ |
| Other                 | \$ _____ | \$ _____ | \$ _____ |
| Subtotal              | \$ _____ | \$ _____ | \$ _____ |

**2. Taxes**

|                    |          |          |          |
|--------------------|----------|----------|----------|
| Federal income tax | \$ _____ | \$ _____ | \$ _____ |
| State income tax   | \$ _____ | \$ _____ | \$ _____ |
| Subtotal           | \$ _____ | \$ _____ | \$ _____ |

**3. Insurance**

|                           |          |          |          |
|---------------------------|----------|----------|----------|
| Life                      | \$ _____ | \$ _____ | \$ _____ |
| Health                    | \$ _____ | \$ _____ | \$ _____ |
| Hospitalization           | \$ _____ | \$ _____ | \$ _____ |
| Fire and theft            | \$ _____ | \$ _____ | \$ _____ |
| Personal property/Renters | \$ _____ | \$ _____ | \$ _____ |
| Subtotal                  | \$ _____ | \$ _____ | \$ _____ |

Complete these columns

**X**

Joint expenses of entire family prior to separation

Your household's actual expenses last Month

Estimated expenses that you will need to live in the future

**4. Payments on debts**

Please list your credit expenditures under appropriate categories. For example, if you visa bill is \$300 with \$150 for food and \$150 for entertainment, and you pay the bill each month enter \$150 under food (11 below) and \$150 under entertainment (16 below). If you carry a balance, say \$3,000 and you only pay of \$300, then list that \$3,000 under credit card).

|                      |          |          |          |
|----------------------|----------|----------|----------|
| Furniture/Appliances | \$ _____ | \$ _____ | \$ _____ |
| Credit cards         | \$ _____ | \$ _____ | \$ _____ |
| Personal loans       | \$ _____ | \$ _____ | \$ _____ |
| Other                | \$ _____ | \$ _____ | \$ _____ |
| Other                | \$ _____ | \$ _____ | \$ _____ |
| Subtotal             | \$ _____ | \$ _____ | \$ _____ |

**5. Education (your education. Your children's is dealt with in section 6)**

|                |          |          |          |
|----------------|----------|----------|----------|
| Tuition        | \$ _____ | \$ _____ | \$ _____ |
| Room and board | \$ _____ | \$ _____ | \$ _____ |
| Books          | \$ _____ | \$ _____ | \$ _____ |
| Other          | \$ _____ | \$ _____ | \$ _____ |
| Subtotal       | \$ _____ | \$ _____ | \$ _____ |

**6. Special expenses of children**

|                          |          |          |          |
|--------------------------|----------|----------|----------|
| Allowance                | \$ _____ | \$ _____ | \$ _____ |
| Clothing                 | \$ _____ | \$ _____ | \$ _____ |
| School lunches           | \$ _____ | \$ _____ | \$ _____ |
| School supplies          | \$ _____ | \$ _____ | \$ _____ |
| School transportation    | \$ _____ | \$ _____ | \$ _____ |
| Summer Camp              | \$ _____ | \$ _____ | \$ _____ |
| Private school           | \$ _____ | \$ _____ | \$ _____ |
| Nursery School           | \$ _____ | \$ _____ | \$ _____ |
| Activities (e.g. scouts) | \$ _____ | \$ _____ | \$ _____ |
| Lessons (e.g. guitar)    | \$ _____ | \$ _____ | \$ _____ |
| Child Care/baby sitter   | \$ _____ | \$ _____ | \$ _____ |
| Vacations                | \$ _____ | \$ _____ | \$ _____ |
| Health Insurance         | \$ _____ | \$ _____ | \$ _____ |
| Unreimbursed Medical     | \$ _____ | \$ _____ | \$ _____ |
| Unreimbursed Dental      | \$ _____ | \$ _____ | \$ _____ |
| Orthodontia              | \$ _____ | \$ _____ | \$ _____ |
| Subtotal                 | \$ _____ | \$ _____ | \$ _____ |

Complete these columns

**X**  
Joint expenses of entire  
family prior to separation

Your household's  
actual expenses  
last Month

Estimated expenses that  
you will need to live in  
the future

**7. Child/Spousal Support YOU PAY**

|  |          |          |          |
|--|----------|----------|----------|
| Prior Child Support                              | \$ _____ | \$ _____ | \$ _____ |
| Prior Spousal Support                            | \$ _____ | \$ _____ | \$ _____ |
| Support of other relatives not<br>living at home | \$ _____ | \$ _____ | \$ _____ |
| Subtotal   | \$ _____ | \$ _____ | \$ _____ |

**8. Transportation**

|                               |          |          |          |
|-------------------------------|----------|----------|----------|
| Auto payments                 | \$ _____ | \$ _____ | \$ _____ |
| Auto insurance                | \$ _____ | \$ _____ | \$ _____ |
| Auto club                     | \$ _____ | \$ _____ | \$ _____ |
| Parking                       | \$ _____ | \$ _____ | \$ _____ |
| Commuting to work             | \$ _____ | \$ _____ | \$ _____ |
| Registration                  | \$ _____ | \$ _____ | \$ _____ |
| Non-commuting bus/train fares | \$ _____ | \$ _____ | \$ _____ |
| Other                         | \$ _____ | \$ _____ | \$ _____ |
| Subtotal                      | \$ _____ | \$ _____ | \$ _____ |

**9. Memberships**

|                           |          |          |          |
|---------------------------|----------|----------|----------|
| Union                     | \$ _____ | \$ _____ | \$ _____ |
| Professional associations | \$ _____ | \$ _____ | \$ _____ |
| Clubs                     | \$ _____ | \$ _____ | \$ _____ |
| Religious                 | \$ _____ | \$ _____ | \$ _____ |
| Spa                       | \$ _____ | \$ _____ | \$ _____ |
| Other                     | \$ _____ | \$ _____ | \$ _____ |
| Subtotal                  | \$ _____ | \$ _____ | \$ _____ |

**10. Food**

|                  |          |          |          |
|------------------|----------|----------|----------|
| Groceries        | \$ _____ | \$ _____ | \$ _____ |
| Dining/Meals out | \$ _____ | \$ _____ | \$ _____ |
| Subtotal         | \$ _____ | \$ _____ | \$ _____ |

**11. Clothing**

|              |          |          |          |
|--------------|----------|----------|----------|
| Self         | \$ _____ | \$ _____ | \$ _____ |
| Spouse       | \$ _____ | \$ _____ | \$ _____ |
| Laundry      | \$ _____ | \$ _____ | \$ _____ |
| Dry cleaning | \$ _____ | \$ _____ | \$ _____ |
| Repairs      | \$ _____ | \$ _____ | \$ _____ |
| Subtotal     | \$ _____ | \$ _____ | \$ _____ |

Complete these columns

**X**

Joint expenses of entire family prior to separation

Your household's actual expenses last Month

Estimated expenses that you will need to live in the future

**12. Health** (For you and spouse not covered by insurance. Include Children's unreimbursed expenses in section 6)

|                      |              |              |              |
|----------------------|--------------|--------------|--------------|
| Medical              | \$ _____     | \$ _____     | \$ _____     |
| Dental               | \$ _____     | \$ _____     | \$ _____     |
| Drugs and medication | \$ _____     | \$ _____     | \$ _____     |
| Therapy              | \$ _____     | \$ _____     | \$ _____     |
| Other                | \$ _____     | \$ _____     | \$ _____     |
| <br>Subtotal         | <br>\$ _____ | <br>\$ _____ | <br>\$ _____ |

**13. OTHER**

|                              |              |              |              |
|------------------------------|--------------|--------------|--------------|
| Grooming/Beauty supplies     | \$ _____     | \$ _____     | \$ _____     |
| Theater and movies           | \$ _____     | \$ _____     | \$ _____     |
| Baby-sitter                  | \$ _____     | \$ _____     | \$ _____     |
| Hobbies                      | \$ _____     | \$ _____     | \$ _____     |
| Vacations *                  | \$ _____     | \$ _____     | \$ _____     |
| Travel (client and children) | \$ _____     | \$ _____     | \$ _____     |
| Magazines/Newspaper          | \$ _____     | \$ _____     | \$ _____     |
| Stationery and postage       | \$ _____     | \$ _____     | \$ _____     |
| Home entertainment           | \$ _____     | \$ _____     | \$ _____     |
| Professional dues            | \$ _____     | \$ _____     | \$ _____     |
| Storage                      | \$ _____     | \$ _____     | \$ _____     |
| Tax preparation              | \$ _____     | \$ _____     | \$ _____     |
| Estimated taxes              | \$ _____     | \$ _____     | \$ _____     |
| <br>Other                    | <br>\$ _____ | <br>\$ _____ | <br>\$ _____ |
| <br>Subtotal                 | <br>\$ _____ | <br>\$ _____ | <br>\$ _____ |

\* Look at yearly figures and divide by 12. If you went as a family include here. If it is only children include in section 6.

**14. Gifts**

|                         |              |              |              |
|-------------------------|--------------|--------------|--------------|
| Birthdays/anniversaries | \$ _____     | \$ _____     | \$ _____     |
| Other                   | \$ _____     | \$ _____     | \$ _____     |
| <br>Subtotal            | <br>\$ _____ | <br>\$ _____ | <br>\$ _____ |

**15. Contributions/Savings**

|                                 |              |              |              |
|---------------------------------|--------------|--------------|--------------|
| Charity                         | \$ _____     | \$ _____     | \$ _____     |
| Schools/colleges                | \$ _____     | \$ _____     | \$ _____     |
| Savings<br>(how much you saved) | \$ _____     | \$ _____     | \$ _____     |
| <br>Other                       | <br>\$ _____ | <br>\$ _____ | <br>\$ _____ |
| <br>Subtotal                    | <br>\$ _____ | <br>\$ _____ | <br>\$ _____ |
| <br><b>TOTAL EXPENSES</b>       | <br>\$ _____ | <br>\$ _____ | <br>\$ _____ |