

Expense Worksheet

| | Monthly | Annual | Start/End Date |
|-------------------------|---------|--------|----------------|
| HOUSING | | | |
| Utilities | _____ | _____ | _____ |
| *Electric | _____ | _____ | _____ |
| *Oil/Gas | _____ | _____ | _____ |
| *Telephone | _____ | _____ | _____ |
| *Cable/DSL | _____ | _____ | _____ |
| Maintenance | _____ | _____ | _____ |
| *Security System | _____ | _____ | _____ |
| *Maid Service | _____ | _____ | _____ |
| *Lawn Service | _____ | _____ | _____ |
| *Garbage Pickup | _____ | _____ | _____ |
| Rent | _____ | _____ | _____ |
| Community Dues | _____ | _____ | _____ |
| 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 | _____ | _____ | _____ |
| 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 | _____ | _____ | _____ |
| Other_____ | _____ | _____ | _____ |
| Other_____ | _____ | _____ | _____ |
| Total | _____ | _____ | _____ |
| CLOTHING | | | |
| Husband | _____ | _____ | _____ |
| Wife | _____ | _____ | _____ |
| Children | _____ | _____ | _____ |
| Other_____ | _____ | _____ | _____ |
| Total | _____ | _____ | _____ |
| FURNISHINGS | | | |
| Indoor | _____ | _____ | _____ |
| Outdoor | _____ | _____ | _____ |
| Total | _____ | _____ | _____ |
| EDUCATION | | | |
| Private School | _____ | _____ | _____ |
| College | _____ | _____ | _____ |
| Classes | _____ | _____ | _____ |
| Other_____ | _____ | _____ | _____ |
| Total | _____ | _____ | _____ |
| VACATIONS | | | |
| Airfare | _____ | _____ | _____ |
| Hotels | _____ | _____ | _____ |
| Food | _____ | _____ | _____ |
| Entertainment | _____ | _____ | _____ |
| Auto | _____ | _____ | _____ |
| Other_____ | _____ | _____ | _____ |
| Total | _____ | _____ | _____ |

| | Monthly | Annual | Start/End Date |
|-------------------------------------|---------|--------|----------------|
| GIFTS | | | |
| Holidays | _____ | _____ | _____ |
| Birthdays | _____ | _____ | _____ |
| Weddings | _____ | _____ | _____ |
| Other_____ | _____ | _____ | _____ |
| Total | _____ | _____ | _____ |
| PETS | | | |
| Food | _____ | _____ | _____ |
| Vetinarian | _____ | _____ | _____ |
| Other_____ | _____ | _____ | _____ |
| Total | _____ | _____ | _____ |
| MISCELLANEOUS | | | |
| Other_____ | _____ | _____ | _____ |
| Other_____ | _____ | _____ | _____ |
| Other_____ | _____ | _____ | _____ |
| Total | _____ | _____ | _____ |
| ALIMONY | | | |
| Total | _____ | _____ | _____ |
| MEDICAL EXPENSES | | | |
| Co-Pay | _____ | _____ | _____ |
| Deductible | _____ | _____ | _____ |
| Prescribed Meds | _____ | _____ | _____ |
| Dental | _____ | _____ | _____ |
| Contacts/Eyeglasses | _____ | _____ | _____ |
| Other_____ | _____ | _____ | _____ |
| Total | _____ | _____ | _____ |
| REAL ESTATE TAXES | | | |
| Total | _____ | _____ | _____ |
| GIFTS TO CHARITY | | | |
| House of Worship | _____ | _____ | _____ |
| Other_____ | _____ | _____ | _____ |
| Other_____ | _____ | _____ | _____ |
| Other_____ | _____ | _____ | _____ |
| Total | _____ | _____ | _____ |
| EMPLOYMENT/BUSINESS EXPENSES | | | |
| Other_____ | _____ | _____ | _____ |
| Other_____ | _____ | _____ | _____ |
| Other_____ | _____ | _____ | _____ |
| Total | _____ | _____ | _____ |

