

INCOME AND EXPENSE STATEMENT

Plaintiff Defendant

CASE NUMBER

FC-&8 NO.

PLAINTIFF
(Full Name)

VS.

DEFENDANT
(Full Name)

This document is prepared by

Plaintiff Defendant Atty. for Plaintiff Atty. for Defendant

Name

Address

City, State, Zip

Phone

Occupation: _____
Job title

Employer: _____

Address: _____

Length of service: _____ months/years.

Income Tax Withholding based on: _____ dependents.

INCOME

Gross income. Paid: monthly, 2 times per month, every 2 weeks, weekly or other _____

Gross per pay period \$ _____ Per month \$ _____

Payroll deductions per pay period:

Fed. income tax \$ _____

State income tax \$ _____

FICA (Social Security) \$ _____

Union dues \$ _____

a) Net per pay period \$ _____ Per month \$ _____

Other:

Retirement/401K \$ _____

Credit Union \$ _____

Direct Deposit \$ _____

Income Assignments \$ _____

Support Payments \$ _____

Medical Insurance \$ _____

b) Take home per pay period \$ _____ Per month \$ _____

Other regular monthly income, (rental income, 2nd job, interest, child support, welfare, food stamps, and any other source.)

Gross monthly receipt \$ _____

Taxes paid IRS and State on above \$ _____

c) Total other income net \$ _____

Total Monthly Income (Add per month income from lines a and c above) \$ _____

EXPENSES

Do not list expenses which are paid by payroll deduction.

Housing, expenses per month:

rent, mortgage, agreement of sale \$ _____
insurance if not included above \$ _____
Real Property taxes (if paid separately) \$ _____
Utilities, gas, water, elec., telephone etc. \$ _____

Transportation, expenses per month:

Car payment, lease, rental \$ _____
Insurance on vehicle \$ _____
Maintenance (repairs) \$ _____
Operating (gas, oil & tires) \$ _____

Total Housing and Transportation expenses \$ _____

Debt service (all monthly payments, eg. credit cards, charges, finance company, personal loans) \$ _____

Personal Expenses per month:

	Self	Children No.(_)
Food	\$ _____	\$ _____
Clothing	\$ _____	\$ _____
Medical and Dental	\$ _____	\$ _____
Laundry & Cleaning	\$ _____	\$ _____
Personal articles	\$ _____	\$ _____
Recreation (movies etc)	\$ _____	\$ _____
School (include food)	\$ _____	\$ _____
Household	\$ _____	\$ _____
Bus (on monthly basis)	\$ _____	\$ _____
Other (_____)	\$ _____	\$ _____
Payment to others for dependent care		\$ _____

Sub Totals \$ _____ \$ _____

Total Personal expenses \$ _____

Grand Total expenses: Housing, Trans., Debt & personal \$ _____

Savings, <Deficiency>: Income minus Expenses \$ _____

Explain in detail where savings are invested, or if there is a <deficiency>, who provides the funds to maintain the level of spending indicated in this income and expense statement. (Use separate sheet if more space is needed.)

CERTIFICATION

I hereby declare under the penalty of perjury that I have supplied the information used in this Income and Expense Statement and have reviewed this statement and I certify that the information is accurate, complete and correct.

DATE

PLAINTIFF'S DEFENDANT'S SIGNATURE