

**MONTHLY INCOME AND EXPENSE WORKSHEET**

School Year \_\_\_\_\_

*(All amounts must be provided by month)*

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Name of Children: \_\_\_\_\_

<b>Income per Month</b>		
	Father	Mother
Salary		
Interest		
Dividends		
Child Support		
Rent Income		
Alimony		
Overtime		
Gifts		
Other		
Total Gross Income		
<b>Combined Total \$</b>		
Less:		
Tithe		
Federal Tax		
State Tax		
FICA		
Total		
<b>(A) Combined Net Income \$</b>		
<b>HOUSING:</b>		
House payment		
Rent		
House/Rent Insurance		
Real Estate Taxes		
Electric		
Gas		
Water/Sewer		
Telephone		
Repairs/Maintenance		
Other		
<b>Total</b>	\$	
<b>FOOD:</b>	\$	
<b>AUTOMOBILES:</b>		
Car Payments		
Gas & Oil		
Auto Insurance		
License		
Taxes		
Repairs		
<b>Total</b>	\$	

<b>INSURANCE:</b>	
Life	
Medical	
Disability	
Dental	
<b>Total</b>	\$
<b>DEBTD: (complete attached schedule A)</b>	
Credit Cards Total	
Loans & Notes Total	
Other	
<b>Total</b>	\$
<b>RECREATION:</b>	
Eating Out	
Cable TV	
Babysitters	
Activities	
Vacation	
Other	
<b>Total</b>	\$
<b>CLOTHING</b>	\$
<b>SAVINGS</b>	\$
<b>MEDICAL:</b>	
Doctor	
Dentist	
Prescriptions	
Other	
<b>Total</b>	\$
<b>MISCELLANEOUS:</b>	
Toiletry, Cosmetics	
Beauty, Barber	
Laundry, Cleaning	
Allowances, Lunches	
Subscriptions	
Gifts	
Education	
Christmas	
<b>Total</b>	\$
<b>(B) TOTAL EXPENSES</b>	\$
<b>(A) Combined Net Income</b>	\$
<b>(B) Expenses</b>	\$
<b>BALANCE</b>	\$

