

# INCOME AND EXPENSE WORKSHEET

MONTHLY

ANNUALLY

## SOURCES OF INCOME

Salary & Earned Income \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
Pension \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
Social Security \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
Rental Income \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
Dividends, Interest, CapGain \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
Other: \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL INCOME** \$

## LIABILITIES

Mortgage Payment or Rent \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
Home Equity Loan Payment \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
Automobile Loans(s) \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
Credit Card Payments \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
Other: \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL LIABILITIES** \$

## TAXES

Federal Income Taxes \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
State & Intangible Taxes \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
Local & Other Property Taxes \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
FICA & Medicare Withholding \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
Other: \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL TAXES** \$

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## INSURANCE

Life (premium payments)	\$ _____	\$ _____
Health & Dental	\$ _____	\$ _____
Disability	\$ _____	\$ _____
Auto	\$ _____	\$ _____
Homeowners	\$ _____	\$ _____
Other:	\$ _____	\$ _____

**TOTAL INSURANCE** \$

## TRANSPORTATION

Gas	\$ _____	\$ _____
Maintenance & Repair	\$ _____	\$ _____
License, Registration	\$ _____	\$ _____
Public Transportation	\$ _____	\$ _____
Other:	\$ _____	\$ _____

**TOTAL TRANSPORTATION** \$

## CONTRIBUTIONS

Religious	\$ _____	\$ _____
Charitable	\$ _____	\$ _____

**TOTAL CONTRIBUTIONS** \$

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## HOUSEHOLD EXPENSES

Groceries _____	\$ _____	\$ _____
Clothing _____	\$ _____	\$ _____
Doctor & Dentist _____	\$ _____	\$ _____
Prescription Drugs _____	\$ _____	\$ _____
Personal Care _____	\$ _____	\$ _____
Electricity/Gas _____	\$ _____	\$ _____
Phone/Internet _____	\$ _____	\$ _____
Cable/Satellite _____	\$ _____	\$ _____
Water/Water Conditioners _____	\$ _____	\$ _____
Garbage _____	\$ _____	\$ _____
Pest Control _____	\$ _____	\$ _____
Home Maintenance & Repair _____	\$ _____	\$ _____
Pool Maintenance & Repair _____	\$ _____	\$ _____
Security Systems _____	\$ _____	\$ _____
Home Furnishings _____	\$ _____	\$ _____
Dining Out _____	\$ _____	\$ _____
Recreation, Entertain, Hobbies _____	\$ _____	\$ _____
Education Expenses _____	\$ _____	\$ _____
Daycare _____	\$ _____	\$ _____
Veterinarian & Pet Care _____	\$ _____	\$ _____
Book, Magazines, Other _____	\$ _____	\$ _____
Club or Membership Dues _____	\$ _____	\$ _____
Vacation & Travel _____	\$ _____	\$ _____
Gifts _____	\$ _____	\$ _____
Professional Fees _____	\$ _____	\$ _____
Others: _____	\$ _____	\$ _____

**TOTAL HOUSEHOLD EXPENSES** \$

**ANNUAL SUMMARY TOTAL INCOME** \$

**ANNUAL SUMMARY TOTAL EXPENSES (-)** \$

**DISCRETIONARY INCOME =** \$