

MONTHLY EXPENSES

Please mark "X" on any line that does not apply to you.

	Monthly Total	Remarks
A. Mortgage		
i. Principal	\$	
ii. Interests	\$	
iii. Real Estate Taxes	\$	
iv. Special Assessments	\$	
B. Apartment Rent		
i. Parking Fees	\$	
ii. Swimming Pool Fees	\$	
	Monthly Total	Remarks
iii. Other (Specify)	\$	
C. Utilities		
i. Electricity	\$	
ii. Gas—Household	\$	
iii. Water	\$	
iv. Telephone	\$	
D. Fuel Costs (specify type, i.e., gas, oil, electric) Do not include elsewhere.	\$	
E. Allowance for Major Household Repairs and Maintenance (interior and exterior)	\$	
F. Allowance for Repair and Replacement of Household Furnishings	\$	
G. Major Housecleaning, including rugs, curtains, etc.	\$	
H. Domestic Help		
i. Maid	\$	
ii. Handyman	\$	

iii. Laundress	\$	
iv. Heavy Cleaner	\$	
v. Other (Specify)	\$	
vi. Social Security and Workers' Compensation Payments	\$	
I. Laundry	\$	
J. Grounds Maintenance		
i. Gardener	\$	
ii. Supplies	\$	
iii. Equipment	\$	
iv. Tree and Shrub Care	\$	
v. Snow Removal	\$	
vi. Rubbish Removal	\$	
	Monthly Total	Remarks
vii. Cesspool	\$	
viii. Other (Specify)	\$	
K. Food, Household Supplies	\$	
L. Insurance (do not include car insurance)		
i. Homeowners or Floater	\$	
ii. Medical	\$	
iii. Life	\$	
iv. Disability	\$	
v. Other (Specify)	\$	
M. Medical Expenses (not covered by insurance)		
i. General Practitioner	\$	
ii. Psychiatrist/Psychologist	\$	
iii. Gynecologist	\$	
iv. Other (Specify)	\$	
v. Dentist		

a. General	\$		
b. Orthodontist	\$		
c. Other (Specify)	\$		
vi. Eye Doctor	\$		
a. Glasses	\$		
b. Prescriptions	\$		
vii. Related Travel	\$		
N. Transportation			
i. Automobile Operation			
(a) Loan Payment	\$		
(b) Insurance	\$		
(c) Excise Tax	\$		
(d) Registration, Inspection, License	\$		
		Monthly Total	Remarks
(e) AAA or ALA dues	\$		
(f) Amortization	\$		
(g) Gasoline	\$		
(h) Grease and Oil	\$		
(i) Repair Allowance	\$		
ii. Other Transportation Expenses (Specify)	\$		
O. Clothing			
i. Self	\$		
ii. Child, Age	\$		
iii. Child, Age	\$		
iv. Child, Age	\$		
v. Child, Age	\$		
P. Personal Maintenance and Grooming			
i. Dry Cleaning	\$		
ii. Barber, Hairdresser	\$		

(a) Self	\$		
(b) Child	\$		
iii. Tailor, Cobbler, and Notions	\$		
Q. Childcare (if not included under domestic help)	\$		
R. Education			
i. Tuition	\$		
ii. Board and Room	\$		
iii. Transportation	\$		
iv. Books and Records	\$		
v. Activities Fees	\$		
vi. Lab Fees	\$		
vii. Insurance	\$		
viii. Supplies	\$		
		Monthly Total	Remarks
ix. Lunches	\$		
x. Miscellaneous	\$		
S. Summer Camp, including transportation and equipment			
i. Self	\$		
ii. Child, Age	\$		
iii. Child, Age	\$		
iv. Child, Age	\$		
v. Child, Age	\$		
T. Lessons (including sports, music, arts, dance, practical skills)			
i. Self	\$		
ii. Child, Age	\$		
iii. Child, Age	\$		
iv. Child, Age	\$		
v. Child, Age	\$		
U. Allowances			
i. Self	\$		

- ii. Child, Age \$
- iii. Child, Age \$
- iv. Child, Age \$
- v. Child, Age \$

V. Entertainment and Recreation (including sports; sports equipment and equipment repairs; outings; sports events; theaters, restaurants, etc.; entertaining) \$

W. VACATIONS

- i. Winter \$
- ii. Spring \$
- iii. Summer \$
- iv. Fall \$

X. Membership Dues

- i. Country Club \$

Monthly Total

Remarks

- ii. Health Club \$
- iii. Other \$

Y. Gifts

- i. Birthdays \$
- ii. Weddings \$
- iii. Anniversaries \$
- iv. Christmas/Chanukkah \$
- v. Other \$

Z. Miscellaneous

- i. Household Pets \$
- ii. Newspapers/Magazines \$
- iii. Professional Books and Periodicals \$

AA. Allowance for Savings \$

BB. Consumer Debts (do not include costs already listed under clothing, furniture, gasoline, etc.)

- i. Department Store Installment Payments

- (a) \$
- (b) \$
- (c) \$
- (d) \$
- (e) \$

ii. Credit Card Payments

- (a) \$
- (b) \$
- (c) \$
- (d) \$
- (e) \$

CC. Miscellaneous Expenses Total

- i. \$
- ii. \$
- iii. \$
- iv. \$
- v. \$

Total Monthly Living Expenses \$

Monthly Total

Remarks

Name and address of accountant, if any
