

## Expense Worksheet

	Monthly Expenses		Monthly Expenses
<b>Home Expenses</b>		<b>Transportation</b>	
Rent/Mortgage	_____	Auto Payment	_____
Homeowners/Association Fee	_____	Fuel	_____
Home Equity Loan	_____	Repair/Maintenance	_____
Property Taxes	_____	License	_____
Telephone	_____	<b>Total Transportation Expenses</b>	-
Cellphone/Pager	_____		
Internet	_____	<b>Miscellaneous</b>	
Security System	_____	Postage	_____
Cable/Satellite	_____	Gifts/Holiday Expenses	_____
Electricity	_____	Vitamins/Non-Prescription Drugs	_____
Gas	_____	Toiletries	_____
Water/Garbage	_____	Beauty Salon/Hair/Nails	_____
Landscape Maintenance/Lawn	_____	Pet Care/Vet	_____
Exterminator	_____	Books/Newspapers/Magazines	_____
General Home Repairs/Maintenance	_____	Donations	_____
Home Improvements/Upgrades	_____	Memberships/Clubs	_____
Housecleaning	_____	Miscellaneous	_____
Miscellaneous Household/Pool	_____	Credit Card	_____
<b>Total Home Expenses</b>	-	<b>Total Miscellaneous Expenses</b>	-
<b>Food</b>		<b>Other Payments</b>	
Groceries	_____	Quarterly Taxes & Add'l Tax Payments	_____
Dining Out	_____	Spousal Support Payments	_____
<b>Total Food Expenses</b>	-	Child Support Payments	_____
		Eldercare Expenses	_____
<b>Clothing Expenses</b>		Professional Fees (Accounting, Financial Planning, Legal, etc.)	_____
Clothing	_____	Service Fees (Banks, Investments, etc.)	_____
Laundry/Dry Cleaning	_____	<b>Total Other Payments Expenses</b>	-
<b>Total Clothing Expenses</b>	-		
		<b>Total Expenses (Excluding Child-Related)</b>	-
<b>Entertainment/Recreation</b>			
Entertainment (Excludes Dining Out)	_____	<b>Child-Related Expenses</b>	
Videos/CDs/DVDs	_____	Education/Tuition (Daycare)	_____
Hobbies	_____	School Lunches	_____
Movies and Theater	_____	Counselor	_____
Vacations/Travel	_____	Sports/Camps/Lessons	_____
Classes/Lessons	_____	Hobbies/Field Trips/School Activities	_____
<b>Total Entertainment/Recreation Expenses</b>	-	Toys/Games	_____
		Boy-Scout/Girl-Guide Dues	_____
<b>Medical (After or not covered by insurance; excludes children)</b>		Clothing	_____
Physicians	_____	Medical	_____
Dental/Orthodontist	_____	Dental/Orthodontics	_____
Optometry/Glasses/Contacts	_____	Glasses	_____
Prescriptions	_____	Prescriptions	_____
<b>Total Medical Expenses</b>	-	Allowances	_____
		Miscellaneous/Haircuts	_____
<b>Insurance</b>		<b>Total Child-Related Expenses</b>	-
Life Insurance	_____		
Health	_____	<b>Total Expenses (Including Child-Related)</b>	\$ -
Disability	_____		
Long-Term Care	_____		
Home (Renters)	_____		
Auto	_____		
Other (Umbrella, Boat, Cottage, etc.)	_____		
<b>Total Insurance Expenses</b>	-		