Expense Worksheet

□ Pre-Divorce□ Post-Divorce (check one)

	Monthly Expenses	Annual Expenses		Monthly Expenses	Annual Expenses
Home Expenses	27.0011000	<u> </u>	Transportation		<u> </u>
Rent/Mortgage	\$	\$	Auto Payment	\$	\$
Homeowners/Condo Fees	\$	\$	Fuel	\$	\$
Home Equity Loan	\$	\$	Repairs/Maintenance	\$	\$
Property Taxes	\$	\$	License (driver & vehicle)	\$	\$
Home Phone	\$	\$	Parking	\$	\$
Cellphone/Pager	\$	\$	Taxis & Public Transit	\$	\$
Internet	\$	\$	Total Transportation Expenses	\$	\$
Security System	\$	\$	·	•	•
Cable/Satellite/Netflix	\$	\$	Miscellaneous		
Electricity	\$	\$	Postage	\$	\$
Gas	\$	\$	Gifts/Holiday Expenses	\$	\$
Water/Garbage	\$	\$	Vitamins/OTC Meds	\$	\$
Landscape Maintenance/Lawn	\$	\$	Toiletries	\$	\$
Snow Removal	\$	\$	Beauty Salon/Hair/Nails	\$	\$
Exterminator	\$	\$	Pet Care (food, vet, etc.)	\$	\$
Home Repairs/Maintenance	\$	\$	Books/Newspapers/Magazines	\$	\$
Home Renos/Upgrades	\$	\$	Donations	\$	\$ \$
Housecleaning	\$	\$	Memberships/Clubs	\$	Φ
Miscellaneous Household	\$	Ψ	Miscellaneous	Φ	Ψ
Total Home Expenses	\$	\$	Total Miscellaneous Expenses	\$	\$
Total Home Expenses	Ψ	Ψ	Total Miscendieous Expenses	Ψ	Ψ
Food			Other Payments		
Groceries	\$	\$	Quarterly Taxes	\$	\$
Dining Out	\$	\$	Child Support Payments	\$	\$
Total Food Expenses	\$	\$	Spousal Support Payments	\$	\$
			Eldercare Expenses	\$	\$
Clothing/Footware Expenses			Professional Fees	\$	\$
Clothing/Footwear Purchases	\$	\$	(accounting, financial planning,	legal, mediation	, etc.)
Laundry/Dry Cleaning	\$	\$	Credit Card Fees	\$	\$
Total Clothing/Footware Expenses	\$	\$	Service Fees (banks, etc.)	\$	\$
			Total Other Expenses	\$	\$
Entertainment/Recreation	_	_			
Entertainment (excl. dining out)	\$	\$	Total Expenses (Excl. Children)	\$	\$
CDs/DVDs	\$	\$			
Hobbies	\$	\$	Child-Related Expenses		
Movies and Theater	\$	\$	Education/Tuition	\$	\$
Vacations/Travel	\$	\$	School Lunches	\$	\$
Classes/Lessons	\$	\$	Counselor	\$	\$
Total Entertainment Expenses	\$	\$	Sports/Camps/Lessons	\$	\$
			Hobbies, Field Trips, etc.	\$	\$
Medical (after or not covered by insurance; excludes children)			Toys/Games	\$	\$
Physicians	\$	\$	Boy-Scout/Girl-Guide Dues	\$	\$
Dental/Orthodontist	\$	\$	Clothing	\$	\$
Optometry/Glasses/Contacts	\$	\$	Medical	\$	\$
Prescriptions	\$	\$	Dental/Orthodontics*	\$	\$
Total Medical Expenses	\$	\$	Optometry/Glasses/Contacts*	\$	\$
			Prescriptions*	\$	\$
Insurance			Allowances	\$	\$
Life Insurance	\$	\$	Miscellaneous/Haircuts	\$	\$
Health	\$	\$	Total Child-Related Expenses	\$	\$
Disability	\$	\$	* Not Covered by Insurance	₹	Ψ
Long-Term Care	\$	\$	The covered by modiane		
Home	\$	\$	Total Expenses (Incl. Children)	\$	¢
	Ψ	Ψ	TULAT EXPENSES (INCI. CINIUTEII)	Ψ	Ψ
	\$	\$. ,		
Auto Other (Umbrella, Boat, etc.)	\$ \$	\$ \$	Make two copies of this Expense M	Vorkehaat one f	or "Dra-Divoro