

INCOME AND EXPENSE STATEMENT

Case number: CIV NO. _____

Today's Date: _____

(Plaintiff/Petitioner)

vs.

(Defendant/Respondent)

Name:
Address:

Social Security Number:
Date of Birth:

INCOME:

Employer:
Address:

Check box here if you are receiving public assistance
and fill in the appropriate column below with **

Occupation:
Payroll Number:
Pay Period (weekly, biweekly, monthly): _____
Gross wages per pay period: _____

***** ATTACH A COPY OF YOUR MOST RECENT FEDERAL INCOME TAX RETURN, W-2 FORM,
UNEMPLOYMENT CHECK STUBS, UNEMPLOYMENT LETTER, ETC. THAT WILL VERIFY YOUR
INCOME.**

Itemized Payroll Deduct
Federal Withholding:
Social Security:
State Income Tax:
Local Income Tax:
Retirement:
Savings Bonds:

Credit Union:
Life Insurance:
Health Insurance:
Other(specify):
_____:

Net Pay Per Pay Period: \$ -

TOTAL DEDUCTIONS: \$ -

OTHER INCOME

WEEKLY

MONTHLY

ANNUALLY

Interest
Dividends
Pension
Annuity
Social Security
Rents
Royalties
Expense Account
Gifts
Unemployment Compensation
Workmen's Compensation
** Public Assistance
Food Stamps
Other

TOTAL OTHER INCOME

\$ - \$ - \$ -

INCOME AND EXPENSE STATEMENT - page 2

Name:

Case Number CIV. NO.

EXPENSES:

	<u>WEEKLY</u>	<u>MONTHLY</u>	<u>ANNUALLY</u>
HOME:			
Mortgage/Rent			
Maintenance			
Utilities			
Electric			
Gas			
Oil			
Telephone			
Water			
Sewer			
Other			
EMPLOYMENT:			
Public Transportation			
Lunch			
TAXES:			
Real Estate			
Personal Property			
Other			
INSURANCE:			
Home Owners			
Automobile			
Life			
Accident			
Health			
Other			
AUTOMOBILE:			
Payments			
Fuel			
Maintenance/Repairs			
MEDICAL:			
Doctor			
Dentist			
Orthodontist			
Hospital			
Prescriptions			
Optometrist			
Other			
COLUMN TOTALS FOR THIS PAGE	\$ -	\$ -	\$ -

INCOME AND EXPENSE STATEMENT - page 3

Name:

Case Number CIV. NO.

	<u>WEEKLY</u>	<u>MONTHLY</u>	<u>ANNUALLY</u>
EDUCATION:			
Private School			
Parochial School			
College			
Religious			
LOANS:			
Credit Union			
Citifinancial			

PERSONAL:			
Clothing			
Food			
Barber/Hairdresser			
Credit Card - Capital One			
Credit Card - Premier			
Credit Card - Sam's Club			
Credit Card			
MISCELLANEOUS:			
Household Help			
Childcare			
Papers/Books/Magazines			
Cable/Pay TV			
Vacation			
Gifts			
Legal Fees			
Charitable Contributions			
Other Child Support			
Alimony Paymnets			
Other - Zach's Sports			
Other			
Other			
COLUMN TOTALS FOR THIS PAGE	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>
TOTAL OF ALL EXPENSES PAGES 2 & 3	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>

INCOME AND EXPENSE STATEMENT - page 4

Name:

Case Number CIV. NO.

RECAP OF INCOME AND EXPENSE AMOUNTS (Calculate on a monthly basis):

Gross Wages: UNEMPLOYMENT	\$	-
Less Total Deductions	\$	-
Net Wages:	\$	-
Other Income:	\$	-
TOTAL MONTHLY AVAILABLE FUNDS:	<u>\$</u>	<u>-</u>
Less Monthly Expenses:	<u>\$</u>	<u>-</u>
BALANCE OF FUNDS AVAILABLE:	<u><u>\$</u></u>	<u><u>-</u></u>

OTHER FINANCIAL INFORMATION

PROPERTY OWNED:	<u>Description</u>	<u>Value</u>	<u>Ownership</u>
	Checking Account # 1		
	Checking Account # 2		
	Savings Account #1		
	Savings Account #2		
	Credit Union		
	Stocks/Bonds		
	Real Estate #1		
	Real Estate #2		
	Other		
TOTAL VALUE OF PROPERTY OWNED		<u><u>\$</u></u>	<u><u>-</u></u>

Enter one of the following where requested: **H** = Husband **W** = Wife **C** = Child **J** = Joint

INSURANCE:	<u>Name of Company</u>	<u>Policy #</u>	<u>Coverage</u>
	Hospital		
	Doctor		
	Major Medical		
	Dental		
	Eye		
	Presepction		
	Life Insurance		
	Life Insurance		
	Life Insurance		
	Disability Insurance		
	Other		

INCOME AND EXPENSE STATEMENT - page 5

Name:

Case Number CIV. NO.

<u>Name of Child</u>	<u>Social Security Number</u>	<u>Date of Birth</u>	<u>Insurance (Y/N)</u>
1			
2			
3			
4			
5			
6			
7			
8			
9			

Plaintiff/Petitioner:

Social Security Number:

Date of Birth:

Defendant/Respondent:

Social Security Number:

Date of Birth:

Your Employer:

Address of Employer:

Health Insurance Carrier:

Policy Number:

Group Number or ID Number:

Type of Health Insurance Coverage:

Hospital Doctor
 Major Medical Dental
 Eye Prescription

Total monthly cost to spouse providing health insurance for children is: _____

VERIFICATION

I verify that the statements made in this Income and Expense Statement are true and correct, to the best of my knowledge, information and belief. I understand that false statements herein are made subject to the penalties of 18 Pa.C.S. § 4904 relating to unsworn falsification to authorities.

Dated: _____

Name