

INCOME AND EXPENSES WORKSHEET

I. **Income**

**a. Gross wages (before taxes, contributions and deductions), salary, tips, bonuses, overtime, commissions, pension and retirement income (including early disbursements), for you for the last 6 calendar months.**

MONTH	YOUR GROSS INCOME	YOUR SPOUSE'S GROSS INCOME
1. _____	\$ _____	\$ _____
2. _____	\$ _____	\$ _____
3. _____	\$ _____	\$ _____
4. _____	\$ _____	\$ _____
5. _____	\$ _____	\$ _____
6. _____	\$ _____	\$ _____
Totals	\$ _____	\$ _____

Do you have all of the documentation supporting these numbers?  
 If not, list what you still need to gather \_\_\_\_\_  
 \_\_\_\_\_

**b. Income from other sources such as rent on property you own, sales from a farming operation or the operation of a business. This includes sales from a hobby business (i.e. internet sales or craft fair sales). If none, then skip.**

MONTH	GROSS RECEIPTS	BUSINESS EXPENSES	NET
1. _____	\$ _____	\$ _____	\$ _____
2. _____	\$ _____	\$ _____	\$ _____
3. _____	\$ _____	\$ _____	\$ _____
4. _____	\$ _____	\$ _____	\$ _____
5. _____	\$ _____	\$ _____	\$ _____
6. _____	\$ _____	\$ _____	\$ _____
Totals	\$ _____	\$ _____	\$ _____

Do you have all of the documentation supporting these numbers?  
 If not, list what you still need to gather \_\_\_\_\_  
 \_\_\_\_\_

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**c. Interest, dividends and royalties paid to you. (I.e. savings account interest, dividends on stock even if reinvested.) *If none, then skip.***

MONTH	YOUR INCOME	YOUR SPOUSE'S INCOME
1. _____	\$ _____	\$ _____
2. _____	\$ _____	\$ _____
3. _____	\$ _____	\$ _____
4. _____	\$ _____	\$ _____
5. _____	\$ _____	\$ _____
6. _____	\$ _____	\$ _____
 Totals	 \$ _____	 \$ _____

Do you have all of the documentation supporting these numbers?  
 If not, list what you still need to gather \_\_\_\_\_  
 \_\_\_\_\_

**d. Any amounts paid by another person or entity, for your household expenses including child or spousal support. *If none, then skip.***

MONTH	YOU	YOUR SPOUSE
1. _____	\$ _____	\$ _____
2. _____	\$ _____	\$ _____
3. _____	\$ _____	\$ _____
4. _____	\$ _____	\$ _____
5. _____	\$ _____	\$ _____
6. _____	\$ _____	\$ _____
 Totals	 \$ _____	 \$ _____

Do you have all of the documentation supporting these numbers?  
 If not, list what you still need to gather \_\_\_\_\_  
 \_\_\_\_\_

Are there amounts that you are supposed to have received during this period but did not receive because the other party failed to pay them? \_\_\_\_\_  
 \_\_\_\_\_

**II. EXPENSES**

*Monthly Expenses: Amount*

Rent or Home Mortgage: \$ \_\_\_\_\_

Real Estate Taxes or Property Insurance included? YES \_\_\_\_\_ NO \_\_\_\_\_

Utilities:

Electricity and heating fuel \$ \_\_\_\_\_

Water and Sewer \$ \_\_\_\_\_

Telephone \$ \_\_\_\_\_

Other \$ \_\_\_\_\_

Home maintenance (Repairs and upkeep) \$ \_\_\_\_\_

Food \$ \_\_\_\_\_

Clothing \$ \_\_\_\_\_

Laundry and dry cleaning \$ \_\_\_\_\_

Medical and dental expenses \$ \_\_\_\_\_

Transportation (not including car payments) \$ \_\_\_\_\_

Recreation, clubs and entertainment, magazines, etc. \$ \_\_\_\_\_

Charitable contributions \$ \_\_\_\_\_

Insurance (not deducted from wages or included above) (If paid yearly or every 6 months divide into an amount that you would pay if the bill was paid monthly.

Homeowner's or renter's \$ \_\_\_\_\_

Life \$ \_\_\_\_\_

Health \$ \_\_\_\_\_

Auto \$ \_\_\_\_\_

Other \$ \_\_\_\_\_

Taxes (not deducted from wages or included above) \$ \_\_\_\_\_  
specify type of tax \_\_\_\_\_

Installment payments:

Auto \$ \_\_\_\_\_

Other \_\_\_\_\_ \$ \_\_\_\_\_

Other \_\_\_\_\_ \$ \_\_\_\_\_

Alimony, maintenance or support paid to others \$ \_\_\_\_\_

Child support paid for child not living in your home \$ \_\_\_\_\_

Regular expenses from operation of business  
(attach detailed statement) \$ \_\_\_\_\_

Other: \_\_\_\_\_ \$ \_\_\_\_\_

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Do you have any monthly expenses not listed above that you pay for the care and support of an elderly, chronically ill, or disabled member of your household or your immediate family? Yes \_\_\_\_\_ No \_\_\_\_\_

If you answered yes, what are the expenses? \_\_\_\_\_

Do you have any monthly expenses not listed above that you pay to keep your family safe from domestic violence? Yes \_\_\_\_\_ No \_\_\_\_\_

If you answered yes, what are the expenses? \_\_\_\_\_

Do you pay any expenses for your dependent children under the age of eighteen to attend a private or public elementary or secondary school? Yes \_\_\_\_\_ No \_\_\_\_\_

If you answered yes, what are the expenses? \_\_\_\_\_

Please describe all yes answers

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_