

# MONTHLY/ANNUAL EXPENSES

Date Prepared: \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Expenses	YOUR EXPENSES		YOUR SPOUSE'S EXPENSES	
	Monthly	Annual	Monthly	Annual
Rent/Mortgage	\$	\$	\$	\$
Homeowners/Association Fees				
Property Taxes				
Telephone				
Cellphone				
Pager				
Internet				
Security System				
Cable/Satellite				
Electricity				
Gas/Fuel Oil/Propane/Wood				
Water/Sewer				
Trash Removal				
Grass Cutting/Fertilizing				
Landscape Maintenance				
Snow Removal				
Exterminator				
Gen'l Home Repairs/ Maint./Windows/Carpets				
Home Improvements/Upgrades				
Housecleaning				
Miscellaneous Household				
<b>Total Home Expenses</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

## Food Expenses

Groceries	\$	\$	\$	\$
Snacks				
Fast Foods				
Restaurant Meals				
<b>Total Food Expenses</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

**YOUR EXPENSES**

**YOUR SPOUSE'S EXPENSES**

<b>Entertain./Rec. Expenses</b>	<b>Monthly</b>	<b>Annual</b>	<b>Monthly</b>	<b>Annual</b>
Entertainment (Excludes Dining Out)	\$	\$	\$	\$
Videos/CDs/DVDs				
Movies, Theater, Concerts				
Hobbies for Self				
Classes/Lessons (Recreational) for Self				
Vacations/Travel				
Memberships/Clubs for Self				
<b>Total Ent./Rec. Expenses</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

**Medical Expenses (After Insurance – Excludes Children)**

Physicians	\$	\$	\$	\$
Dentist/Orthodontist				
Optometrist/Glasses/Contacts				
Prescriptions				
<b>Total Medical Expenses</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

**Insurance**

Life				
Health & Dental (Post Divorce)				
Disability				
Long Term Care				
Home Insurance				
Auto Insurance				
Other (Boat, Umbrella, etc.)				
<b>Total Insurance Expenses</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

**Transportation Expenses for Self**

Auto Payment	\$	\$	\$	\$
Fuel				
Repair/Maintenance/Car Wash				
Parking/Tolls				
License				
Taxis & Public Transit				
<b>Total Transportation Expenses</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

**YOUR EXPENSES**

**YOUR SPOUSE'S EXPENSES**

**Clothing Expenses  
for Self**

**Monthly**

**Annual**

**Monthly**

**Annual**

Clothing	\$	\$	\$	\$
Laundry/Dry Cleaning				
<b>Total Clothing Expenses</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

**Miscellaneous Expenses**

Gifts/Holiday Expenses	\$	\$	\$	\$
Vitamins & OTC Medications				
Toiletries				
Beauty Salon/Hair/Nails				
Pet Care (food, vet, etc.)				
Books/Newspapers/Magazines				
Stationary/Home Office Supplies				
Postage/Courier				
Business Expenses (Non-Reimbursed)				
Education: Self (Non-Reimbursed)				
Bed, Bath, Kitchen, etc. Items				
Floral Arrangements				
Photo Developing/Printing				
Contributions/Donations				
Cash				
Other Miscellaneous				
<b>Total Miscellaneous Expenses</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

**Other Payments**

Quarterly Taxes & Other Tax Payments	\$	\$	\$	\$
Credit Card Payments				
Loan/Debt Payments				
Service Fees (Banks, Investment Accts, etc.)				
Eldercare Expenses				

**YOUR EXPENSES**

**YOUR SPOUSE'S EXPENSES**

<b>Other Payments (cont.)</b>	<b>Monthly</b>	<b>Annual</b>	<b>Monthly</b>	<b>Annual</b>
Spousal Support Payments	\$	\$	\$	\$
Child Support Payments				
Professional Fees (Financial Planning, Acc't, Legal)				
Mediation/Arbitration/Court Costs				
Therapy/Counseling				
<b>Total Other Payments</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

<b>TOTAL MONTHLY EXPENSES</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>
-------------------------------	-----------	-----------	-----------	-----------

**(Excluding Children)**

**Child-Related Expenses**

Education/Tuition	\$	\$	\$	\$
School Supplies/Field Trips/Expenses				
Childcare: Work Related (after tax credit)				
Childcare: Non-Work Related				
Sports/Camps/Lessons				
Hobbies/Toys/Games				
School Meals/Luncheons				
Clothing				
Medical*				
Dentist/Orthodontist*				
Optometrist/Glasses/Contacts*				
Prescription*				
Allowances				
Transportation				
Miscellaneous				
<b>Total Child-Related Expenses</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

<b>TOTAL MONTHLY EXPENSES</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>
-------------------------------	-----------	-----------	-----------	-----------

**(Including Children)**

\* Not covered by insurance