

EXPENSE AND INCOME STATEMENT

Wife's Employment:

Wife's gross salary: _____ Per _____ Net _____ Per _____

Wife's other income:

Husband's Employment:

Husband's gross salary: _____ Per _____ Net _____ Per _____

Husband's other income:

Number of children you must support:

	Children	Adult
Rent or house note, taxes, insurance, etc.	_____	_____
Utilities, cable	_____	_____
Telephone	_____	_____
Maid, grasscutter, gardener	_____	_____
Yardwork, maintenance	_____	_____
Repair & replacement of appliances	_____	_____
Groceries and meals out	_____	_____
Tuition and books, etc.	_____	_____
School lunches	_____	_____
Work lunches	_____	_____
Automobile note and insurance	_____	_____
Gasoline, licenses, parking, etc.	_____	_____
Clothing, shoes	_____	_____
Laundry and dry cleaning	_____	_____
Haircuts, beauty parlor	_____	_____
Babysitter, nursery fees	_____	_____
Medical insurance	_____	_____
Life insurance	_____	_____

Homeowner's insurance			_____	_____
Hospitals, doctors' and dentists' bills			_____	_____
Drugs, etc.			_____	_____
Lessons, tutoring, reading			_____	_____
Furniture, notes/replacement			_____	_____
Pets, hobbies, sports equipment			_____	_____
Entertainment			_____	_____
Allowances			_____	_____
Christmas, birthday presents, toys			_____	_____
Vacation			_____	_____
Contribution to church/charity			_____	_____
Clubs, dues			_____	_____
Other expense			_____	_____
Future expenses (repairs to house, medical, Dental, etc.)			_____	_____
DEBTS:	Attorney's Fees	\$	_____	
	_____	\$	_____	_____
	_____	\$	_____	_____
	_____	\$	_____	_____
	_____	\$	_____	_____
	_____	\$	_____	_____
	_____	\$	_____	_____
TOTAL			_____	_____
NET INCOME			_____	_____
MONTHLY SURPLUS / SHORTFALL			_____	_____

SUPPORT ACCOUNT SHEET EXAMPLE

SPOUSE VS. SPOUSE

Support due per Pendente Lite Order: \$500/month, ½ medical expenses, \$250 attorney's fee

Date 4/30/91

Date Due	Date Paid	Amount Owed	Amount Paid	Balance Owed	Notes
05/01/01		250.00		250.00	Attorney's fee
05/01/01	05/10/01	500.00	350.00	400.00	Check #556
05/03/01		125.00		525.00	Medical emergency for son \$250.00
06/01/91	06/02/01	500.00	400.00	625.00	Check #715 — Short. Account is in name of husband and Suzie Smith at East Mississippi Bank.
07/01/01	07/01/01	500.00	600.00	525.00	Check #715 — promises to make up balanced in August.
08/01/01	08/01/01	500.00	1,000.00	25.00	Check #800 — back balance owed and \$125.00 on attorney's fee.
	08/14/01		125.00	-100.00	Check #812 — on attorney's fee
				-100.00	
				-100.00	
				-100.00	
TOTAL		2,375.00	2,475.00	-200.00	