

LOCAL FORM "B"

Date _____

INCOME AND EXPENSE STATEMENT OF

NAME _____

v. _____ DR no. _____

THIS FORM MUST BE FILLED OUT

INCOME

Employer: _____
Address: _____

Type of Work: _____

Payroll no.: _____ Social Security no.: _____

Gross Pay Per _____ Pay Period:
Pay Period: _____ (weekly, biweekly, etc.) _____

Itemized Payroll Deductions:

Fed. Withholding	\$ _____	Retirement	\$ _____	Health	\$ _____
Social Security	\$ _____	Savings Bonds	\$ _____	Insurance	\$ _____
Local Wage Tax	\$ _____	Credit Union	\$ _____	Other	\$ _____
State Income Tax	\$ _____	Life Insurance	\$ _____		
Net Pay per Pay Period:	\$ _____				

Other Income: (Fill in Appropriate Column)

	Week	Month	Year		Week	Month	Year
Interest	\$ _____	\$ _____	\$ _____	Royalties	\$ _____	\$ _____	\$ _____
Dividends	\$ _____	\$ _____	\$ _____	Expense Account	\$ _____	\$ _____	\$ _____
Pension	\$ _____	\$ _____	\$ _____	Gifts	\$ _____	\$ _____	\$ _____
Annuity	\$ _____	\$ _____	\$ _____	Unemployment Comp.	\$ _____	\$ _____	\$ _____
Social Security	\$ _____	\$ _____	\$ _____	Workmen's Comp.	\$ _____	\$ _____	\$ _____
Rents	\$ _____	\$ _____	\$ _____		\$ _____	\$ _____	\$ _____
Total	\$ _____	\$ _____	\$ _____				

TOTAL ALL INCOME: \$ _____

EXPENSES Fill in appropriate column.

Wk. = Weekly; Mo. = Monthly; Yr. = Yearly

Indicate amount for self and children.

Home	Wk.	Mo.	Yr.	Self	Child(ren)
Mortgage/Rent	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Maintenance	_____	_____	_____	_____	_____
Utilities	_____	_____	_____	_____	_____
Electric	_____	_____	_____	_____	_____
Gas	_____	_____	_____	_____	_____
Oil	_____	_____	_____	_____	_____
Telephone	_____	_____	_____	_____	_____
Water	_____	_____	_____	_____	_____
Sewer	_____	_____	_____	_____	_____
Employment					
Public Trans.	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Lunch	_____	_____	_____	_____	_____
Taxes					
Real Estate	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Personal Property	_____	_____	_____	_____	_____
Income	_____	_____	_____	_____	_____
Insurance					
Homeowners	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Automobile	_____	_____	_____	_____	_____
Life	_____	_____	_____	_____	_____
Accident	_____	_____	_____	_____	_____
Health	_____	_____	_____	_____	_____
Other	_____	_____	_____	_____	_____
Automobile					
Payments	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Fuel	_____	_____	_____	_____	_____
Repairs	_____	_____	_____	_____	_____
Medical					
Doctor	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Dentist	_____	_____	_____	_____	_____
Orthodontist	_____	_____	_____	_____	_____
Hospital	_____	_____	_____	_____	_____
Medicine	_____	_____	_____	_____	_____
Special Needs (glasses, braces, orthopedic needs)	_____	_____	_____	_____	_____

PROPERTY OWNED: *H = Husband; W = Wife; J = Joint; C = Child

Ownership*

	Description	Value	H	W	J	C
Checking Accounts		\$ _____	_____	_____	_____	_____
		\$ _____	_____	_____	_____	_____
Savings Accounts		\$ _____	_____	_____	_____	_____
		\$ _____	_____	_____	_____	_____
Credit Union		\$ _____	_____	_____	_____	_____
		\$ _____	_____	_____	_____	_____
Stocks/Bonds		\$ _____	_____	_____	_____	_____
		\$ _____	_____	_____	_____	_____
Real Estate		\$ _____	_____	_____	_____	_____
		\$ _____	_____	_____	_____	_____
Other		\$ _____	_____	_____	_____	_____
		\$ _____	_____	_____	_____	_____

INSURANCE: Indicate Coverage. H = Husband; W = Wife; J = Joint; C = Child

	Company	Policy no.	H	W	C
Hospitalization	_____	_____	_____	_____	_____
Medical (Blue Shield)	_____	_____	_____	_____	_____
Health/Accident	_____	_____	_____	_____	_____
Disability Income	_____	_____	_____	_____	_____
Dental	_____	_____	_____	_____	_____
	Wk.	Mo.	Yr.	Self	Child(ren)
Education	\$ _____	\$ _____	_____	_____	_____
Private School	_____	_____	_____	_____	_____
Parochial School	_____	_____	_____	_____	_____
College	_____	_____	_____	_____	_____
Religious	_____	_____	_____	_____	_____
Personal	_____	_____	_____	_____	_____
Clothing	_____	_____	_____	_____	_____
Food	_____	_____	_____	_____	_____
Barber/Hairdresser	_____	_____	_____	_____	_____
Credit payments	_____	_____	_____	_____	_____
Credit Card	_____	_____	_____	_____	_____
Charge Account	_____	_____	_____	_____	_____
Memberships	_____	_____	_____	_____	_____

Payments

Wk. Mo. Yr. Self Child(ren)
CHILD CARE: \$ _____ \$ _____ \$ _____ \$ _____ \$ _____

MISCELLANEOUS

Household Help	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Papers/magazines	_____	_____	_____	_____	_____
Entertainment	_____	_____	_____	_____	_____
Pay T.V.	_____	_____	_____	_____	_____
Vacation	_____	_____	_____	_____	_____
Gifts	_____	_____	_____	_____	_____
Legal Fees	_____	_____	_____	_____	_____
Charitable	_____	_____	_____	_____	_____
Contributions	_____	_____	_____	_____	_____
Other child support	_____	_____	_____	_____	_____
Alimony payments	_____	_____	_____	_____	_____
Other	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
TOTAL EXPENSES	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

SUPPLEMENTAL INCOME STATEMENT

This form must be filled out if you:

- (1) operate a business or practice a profession, or
- (2) are a member of a partnership or joint venture, or
- (3) are a shareholder in and are salaried by a closed corporation or similar entity.

Attach to this statement a copy of the following documents relating to the partnership, joint venture, business, professional corporation or similar entity:

- (1) the most recent Federal Income Tax Return, and
- (2) the most recent Profit and Loss Statement.

Name of Business: _____

Address of Business: _____

Telephone: _____

Nature of Business (Check One)

- (1) partnership
- (2) joint venture
- (3) professional
- (4) closed corporation
- (5) other

Name of accountant, controller or other person in charge of financial records:

Address: _____

Annual Income from business: _____

- (1) How often is income received? _____
- (2) Gross income per pay period: _____
- (3) Net income per pay period: _____
- (4) Specified deductions, if any: _____