

Item	Monthly	Annual
Personal care		
Hair Salon	_____	_____
Barber	_____	_____
Classes	_____	_____
Other: _____	_____	_____
	Subtotal:	
	0	0
Auto		
Auto loan payment	_____	_____
Auto Lease payment	_____	_____
Gas, Oil	_____	_____
Repairs	_____	_____
License Renewals	_____	_____
Auto Excise Tax	_____	_____
Other: _____	_____	_____
	Subtotal:	
	0	0
Entertainment		
Books, Magazines, CD, iTunes	_____	_____
Subscriptions or Online	_____	_____
Movies, Theatre, Concerts	_____	_____
Club dues (Health, golf etc.)	_____	_____
Vacations	_____	_____
Other: _____	_____	_____
Other: _____	_____	_____
	Subtotal:	
	0	0
Children		
Daycare / Babysitter	_____	_____
Tuition & Books	_____	_____
Scouts, Clubs	_____	_____
Summer Camp	_____	_____
Sport Fees	_____	_____
Field Trips	_____	_____
Other: _____	_____	_____
Other: _____	_____	_____
	Subtotal:	
	0	0
Gifts		
Birthdays	_____	_____
Christmas	_____	_____
Anniversaries	_____	_____
Other: _____	_____	_____
	Subtotal:	
	0	0

Item	Monthly	Annual
Contributions		
Worship	_____	_____
United Way	_____	_____
Other: _____	_____	_____
	Subtotal:	
		0
Medical		
Doctor visit co-pay	_____	_____
Prescription co-pay	_____	_____
Health Savings Accounts	_____	_____
Dental care	_____	_____
Vision care	_____	_____
Other: _____	_____	_____
	Subtotal:	
		0
Other Insurance		
Disability	_____	_____
Long Term Care	_____	_____
Term Life Insurance	_____	_____
Umbrella liability	_____	_____
Other: _____	_____	_____
Other: _____	_____	_____
	Subtotal:	
		0
Professional Expenses		
<i>(Job related expenses you pay directly which may be reimbursed)</i>		
Professional Liability Insurance	_____	_____
Dues & Subscriptions	_____	_____
Licensing & Memberships	_____	_____
Travel & Lodging	_____	_____
Vehicle rental	_____	_____
Parking & Tolls	_____	_____
Meals & Entertainment	_____	_____
Liability Insurance	_____	_____
<i>(Less Company reimbursement)</i>	_____	_____
Other: _____	_____	_____
	Subtotal:	
		0
Credit Cards		
Credit card #1:	_____	_____
Credit card #2:	_____	_____
Credit card #3:	_____	_____
Credit card #4:	_____	_____
Other: _____	_____	_____
Other: _____	_____	_____
	Subtotal:	
		0
TOTAL EXPENSES:		
		0