

**WORKSHEET: MONTHLY****Non-Filing**

	<b>You/Family</b>	<b>Spouse</b>
<b>Rent or home mortgage payment</b>		
<b>Property Taxes (if not included in mortgage)</b>		
<b>Homeowner's Insurance (if not included in mort.)</b>		
<b>Utilities</b>		
<b>Electricity</b>		
<b>Water and sewer (Average monthly)</b>		
<b>Telephone (Average monthly)</b>		
<b>Cable-Internet</b>		
<b>Gas Company</b>		
<b>Trash</b>		
<b>Home maintenance (Repairs and upkeep)</b>		
<b>Food</b>		
<b>Clothing</b>		
<b>Laundry and dry cleaning</b>		
<b>Medical (over &amp; above what insurance pays)</b>		
<b>Doctor visits</b>		
<b>Dental</b>		
<b>Insurance Deductible, co-pays and prescriptions</b>		
<b>Vision</b>		
<b>Transportation Expense</b>		
<b>Bus Pass</b>		
<b>Gas</b>		
<b>Maintenance/Repair</b>		
<b>Recreation, clubs and entertainment</b>		
<b>Charitable contributions</b>		
<b>Insurance</b>		
<b>Personal items</b>		
<b>Auto</b>		
<b>Business Interruption</b>		
<b>Disability</b>		
<b>Health/Dental/Vision (if not deducted from pay)</b>		
<b>Renter's</b>		

<b>Life (if not deducted from pay)</b>		
<b>Other</b>		
<b>Auto Payments</b>		
<b>Vehicle One</b>		
<b>Vehicle Two</b>		
<b>Recreational Vehicle/motorcycles</b>		
<b>Other</b>		
<b>Other installment payments (do not include credit cards)</b>		
<b>Second mortgage/home equity</b>		
<b>Homeowner's Association Dues</b>		
<b>Taxes (specify)</b>		
<b>Credit cards of non-filing spouse (monthly)</b>		
<b>Alimony, maintenance, and support paid to others</b>		
<b>Payments for dependents not living at your home *</b>		
<b>*specify</b>		
<b>Other Expenses:</b>		
<b>Accounting</b>		
<b>Bank Charges</b>		
<b>Daycare/after care</b>		
<b>Dues</b>		
<b>Education</b>		
<b>Elder Care</b>		
<b>Miscellaneous (trash bags, diapers, paper goods)</b>		
<b>Children's school expenses</b>		
<b>Personal Care</b>		
<b>Haircut/Nails etc.</b>		
<b>Toiletries</b>		
<b>School Supplies/Fees</b>		
<b>Security System</b>		
<b>Subscriptions</b>		
<b>Other (itemize)</b>		
<b>Total Expenses</b>		