**WORKSHEET: MONTHLY Non-Filing**

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|  | **You/Family** | **Spouse** |
| **Rent or home mortgage payment** |  |  |
| **Property Taxes (if not included in mortgage)** |  |  |
| **Homeowner’s Insurance (if not included in mort.)** |  |  |
| **Utilities**  **Electricity** |  |  |
| **Water and sewer (Average monthly)** |  |  |
| **Telephone (Average monthly)** |  |  |
| **Cable-Internet** |  |  |
| **Gas Company** |  |  |
| **Trash** |  |  |
| **Home maintenance (Repairs and upkeep)** |  |  |
| **Food** |  |  |
| **Clothing** |  |  |
| **Laundry and dry cleaning** |  |  |
| **Medical (over & above what insurance pays)**  **Doctor visits** |  |  |
| **Dental** |  |  |
| **Insurance Deductible, co-pays and prescriptions** |  |  |
| **Vision** |  |  |
| **Transportation Expense**  **Bus Pass** |  |  |
| **Gas** |  |  |
| **Maintenance/Repair** |  |  |
| **Recreation, clubs and entertainment** |  |  |
| **Charitable contributions** |  |  |
| **Insurance**  **Personal items** |  |  |
| **Auto** |  |  |
| **Business Interruption** |  |  |
| **Disability** |  |  |
| **Health/Dental/Vision (if not deducted from pay)** |  |  |
| **Renter’s** |  |  |
| **Life (if not deducted from pay)** |  |  |
| **Other** |  |  |
| **Auto Payments** |  |  |
| **Vehicle One** |  |  |
| **Vehicle Two** |  |  |
| **Recreational Vehicle/motorcycles**  **Other** |  |  |
| **Other installment payments (do not include credit cards)**  **Second mortgage/home equity**  **Homeowner’s Association Dues**  **Taxes (specify)**  **Credit cards of non-filing spouse (monthly)** |  |  |
| **Alimony, maintenance, and support paid to others** |  |  |
| **Payments for dependents not living at your home \*** |  |  |
| **\*specify** |  |  |
| **Other Expenses:** |  |  |
| **Accounting** |  |  |
| **Bank Charges** |  |  |
| **Daycare/after care** |  |  |
| **Dues** |  |  |
| **Education** |  |  |
| **Elder Care** |  |  |
| **Miscellaneous (trash bags, diapers, paper goods)** |  |  |
| **Children’s school expenses** |  |  |
| **Personal Care**  **Haircut/Nails etc.**  **Toiletries** |  |  |
| **School Supplies/Fees** |  |  |
| **Security System** |  |  |
| **Subscriptions** |  |  |
| **Other (itemize)** |  |  |
| **Total Expenses** |  |  |