

# *James J. Kenny*

## **INSTRUCTIONS FOR COMPLETING MONTHLY EXPENSE BREAKDOWN**

1. The attached form is designed to aid you in the important task of accurately itemizing your monthly expenses, so that we know what you need and each expense figure can be explained in court. The more time you spend preparing a complete and current statement of your needs, the better the chance of favorable action but the court.
2. Expense figures should cover all members of the household actually supported by you. If one of the household members lives in the residence during only part of the year, indicate that fact in the first section of his/her expenses, indicate that fact in the first section of the form and include only the portion paid by you in the expense figures.
3. Please compute an average monthly expense for each of the categories listed, using your checkbook records, cancelled checks, credit card statements, personal knowledge, etc. Try to be as accurate as possible, but if you do not have records available for certain expenses, it is all right to make an educated estimate. Round off figures to the nearest dollar.
4. If a certain expense occurs only once every several years, it is still important to average it in as a monthly expense. For example, if you paint you house every five years at a cost of approximately \$1,000.00, that would average out to \$200.00 per year or approximately \$17.00 per month (listed under "house painting" a subcategory of the "Maintenance" section).
5. Be sure to list all expenses. If you have an expenses which does not fit into one of the subcategories listed, simply specify the expense at one of the extra spaces at the end of the appropriate category.
6. It is important that each figure be an accurate statement of what you are actually spending at the time you sign the form. If your expenses are being delayed at the current moment due to lack of funds, list those as projected expenses under "other", category p. For example, if you customarily spend \$50.00 per month for a gardener but have temporarily stopped using the gardener because you are not receiving sufficient support payments, list \$50.00 projected needs per month for "gardener" in one of the extra spaces under "Other".
7. If your have paid or plan to pay a large one time expense which does not qualify as an ongoing expenses (example; buying a new car); list such expenses on the last page under the section marked "One-time expenses,"

8. Next to each item, please add a brief statement explaining your computation of the monthly figure. For example: if you were to list \$60.00 for gas, might explain — “one \$15.00 fill-up per week.” If you were to list \$10.00 for sports events, you might explain “season tickets to San Francisco 49ers at \$120.00 per year.”

9. If your expense statement is challenged at a court hearing, it will be necessary for you to give a simple explanation of how you arrived at the figure being questioned. The best method of explanation is actually to bring cancelled checks, receipts and bills to the hearing to document expenses. Documentation is especially important if the figure is high or if the expense is an unusual one. (If you bring documentation to the hearing, be sure it is well organized so that you can quickly produce the appropriate records when a certain expense is questioned). If you are not able to document a certain expense, it is fine to merely explain to the court how you arrived at the figure (you can take the “monthly expenses breakdown” form with you into court to refresh you memory).

Zammucen / Ken...

**EXPENSE WORKSHEET**

**FOR USE WITH MONTHLY EXPENSES SHEET OF INCOME AND EXPENSE DECLARATION. PLEASE NOTE: ALL EXPENSES ARE PER MONTH.**

**1. Employment Information**

Your Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Address of Employer: \_\_\_\_\_

\_\_\_\_\_  
(City) (State) (Zip Code)

Employer's Telephone Number: \_\_\_\_\_ ( ) \_\_\_\_\_

Date Job Started: \_\_\_\_\_ How many Hours a week do you work? \_\_\_\_\_

How much do you get paid? \_\_\_\_\_  Per Month  Per Week  Per Hour

**2. Education**

Have you completed High School? \_\_\_\_\_ If no, highest grade completed \_\_\_\_\_

Have you completed College? \_\_\_\_\_ Degree Obtained? \_\_\_\_\_

Have you completed Graduate School? \_\_\_\_\_ Degree Obtained? \_\_\_\_\_

I have the following:  Professional/Occupational Licenses

Vocational Training (*Specify*): \_\_\_\_\_

**3. Tax Information**

I last filed taxes in (year): \_\_\_\_\_

Tax Filing Status:  Single  Head of Household  Married Filing Separately

Married Filing Jointly with (*specific*): \_\_\_\_\_

Taxes are Filed in (*State*): \_\_\_\_\_

Exemptions Claimed on Taxes: \_\_\_\_\_

**4. Other Party's Information**

Other Party's Estimated Gross Monthly Income: \_\_\_\_\_

Estimate Based on: \_\_\_\_\_

**5. Residence Payments**

If Rent Include:

a) Monthly Rent \$ \_\_\_\_\_

b) Monthly Parking \$ \_\_\_\_\_

If Mortgage Include:

a) Average Principal \$ \_\_\_\_\_

b) Average Interest \$ \_\_\_\_\_

c) Average Impound for Taxes \$ \_\_\_\_\_

	<b>d) Average Impound for Insurance</b>	<b>\$ _____</b>
<b>6.</b>	<b>Property Taxed (If not impounded)</b>	<b>\$ _____</b>
<b>7.</b>	<b>Homeowner's or Renter's Insurance (If not impounded)</b>	<b>\$ _____</b>
<b>8.</b>	<b>Maintenance</b>	
	<b>Roof Repair/Driveway Paving</b>	<b>\$ _____</b>
	<b>House Painting</b>	<b>\$ _____</b>
	<b>Carpet/Draperies</b>	<b>\$ _____</b>
	<b>Home Improvements/Garden Tools/Supplies</b>	<b>\$ _____</b>
	<b>Purchase/Repair "Major Appliances"</b>	<b>\$ _____</b>
	<b>Lawn Maintenance</b>	<b>\$ _____</b>
	<b>Tree Service/Bush Trimming Service</b>	<b>\$ _____</b>
	<b>Window Washing</b>	<b>\$ _____</b>
	<b>Swimming Pool Care</b>	<b>\$ _____</b>
	<b>House Cleaning Service/Domestic Help</b>	<b>\$ _____</b>
	<b>Gardener</b>	<b>\$ _____</b>
	<b>Firewood</b>	<b>\$ _____</b>
	<b>Association Dues</b>	<b>\$ _____</b>
	<b>Repairs not covered by Landlord</b>	<b>\$ _____</b>
	<b>Other</b>	<b>\$ _____</b>
<b>9.</b>	<b>Unreimbursed Medical and Dental Expenses</b>	
	<b>For You:</b>	
	<b>Unreimbursed Physician Costs</b>	<b>\$ _____</b>
	<b>Unreimbursed Psychiatric/Therapy</b>	<b>\$ _____</b>
	<b>Unreimbursed Dental</b>	<b>\$ _____</b>
	<b>Unreimbursed Hospital Costs</b>	<b>\$ _____</b>
	<b>Unreimbursed Orthodontia Costs</b>	<b>\$ _____</b>
	<b>Treatments</b>	<b>\$ _____</b>
	<b>Prescription Drugs</b>	<b>\$ _____</b>
	<b>Medical Insurance</b>	<b>\$ _____</b>
	<b>For Others:</b>	
	<b>Unreimbursed Physician Costs</b>	<b>\$ _____</b>
	<b>Unreimbursed Psychiatric/Therapy</b>	<b>\$ _____</b>
	<b>Unreimbursed Dental</b>	<b>\$ _____</b>
	<b>Unreimbursed Hospital Costs</b>	<b>\$ _____</b>
	<b>Unreimbursed Orthodontia Costs</b>	<b>\$ _____</b>
	<b>Treatments</b>	<b>\$ _____</b>
	<b>Prescription Drugs</b>	<b>\$ _____</b>
	<b>Medical Insurance</b>	<b>\$ _____</b>
<b>10.</b>	<b>Child Care</b>	
	<b>Childcare to enable you to work</b>	<b>\$ _____</b>

**Babysitting** \$ \_\_\_\_\_

**11. Child's Education**

**Tuition** \$ \_\_\_\_\_  
**Fees** \$ \_\_\_\_\_  
**Books/Supplies** \$ \_\_\_\_\_  
**Transportation** \$ \_\_\_\_\_  
**Room/Board** \$ \_\_\_\_\_  
**Tutor** \$ \_\_\_\_\_  
**School Lunches** \$ \_\_\_\_\_  
**Music Lessons** \$ \_\_\_\_\_  
**Gymnastics/Sports** \$ \_\_\_\_\_  
**Ballet/Dance Lessons** \$ \_\_\_\_\_  
**Other (Specify):** \_\_\_\_\_ \$ \_\_\_\_\_

**12. Food and Household Supplies**

**Groceries** \$ \_\_\_\_\_  
**Supplies (Cleaning, animal, etc.)** \$ \_\_\_\_\_  
**Non Prescription Drugs, Vitamins, Cosmetics, etc** \$ \_\_\_\_\_  
**Alcohol/Tobacco** \$ \_\_\_\_\_

**13. Eating Out**

**Restaurant** \$ \_\_\_\_\_  
**Breaks/Lunches** \$ \_\_\_\_\_  
**Fast Food with/without Children** \$ \_\_\_\_\_

**14. Utilities**

**Gas/Electric** \$ \_\_\_\_\_  
**Water and Sewer** \$ \_\_\_\_\_  
**Garbage** \$ \_\_\_\_\_  
**Service Contracts on Equipment/Appliances** \$ \_\_\_\_\_  
**Cable Television** \$ \_\_\_\_\_  
**Plumber/Electrician** \$ \_\_\_\_\_  
**Equipment/Furnishings** \$ \_\_\_\_\_  
**Internet Service** \$ \_\_\_\_\_  
**Other (Specify):** \_\_\_\_\_ \$ \_\_\_\_\_

**15. Telephone**

**Home Telephone** \$ \_\_\_\_\_  
**Installation** \$ \_\_\_\_\_  
**Cellular Telephone** \$ \_\_\_\_\_

16. Laundry and Cleaning

Dry-Cleaning	\$ _____
Commercial Laundry	\$ _____
Carpet/Draperies Cleaning	\$ _____

17. Clothing

NOTE: Do not include costs covered by credit card obligations. Remember to consider shoes, underwear, coats, jackets, swimwear, suits, and etc.

Clothing ( <i>Self</i> )	\$ _____
Clothing ( <i>Children</i> )	\$ _____
Uniforms	\$ _____
Alterations/Shoe Repair	\$ _____
Dressmaker/Tailor	\$ _____
Jewelry	\$ _____
Other ( <i>Specify</i> ): _____	\$ _____

18. Insurance

NOTE: Do NOT include Auto, Home, or Health Insurance

Life Insurance	\$ _____
Accident Insurance	\$ _____

19. Education

Tuition	\$ _____
Fees	\$ _____
Books/Supplies	\$ _____
Transportation	\$ _____
Room/Board	\$ _____
Tutor	\$ _____
Other ( <i>Specify</i> ): _____	\$ _____

20. Entertainment

Movies, Plays, Concerts, Amusement Parks, Etc.	\$ _____
Sporting Events, Hobbies, Recreation	\$ _____
Club Dues and Memberships	\$ _____
Books, Magazines, papers and periodicals	\$ _____
Entertaining Guests	\$ _____

**21. Transportation and Auto Expenses**

Auto Payments	\$ _____
Auto Insurance ( <i>Number of vehicles</i> _____)	\$ _____
Registration, License, Maintenance	\$ _____
Fuel, Oil, Antifreeze, etc.	\$ _____
Commuting Expenses	\$ _____
Tires/Repairs	\$ _____
Parking	\$ _____
AAA/Automobile Club	\$ _____
Car Wash	\$ _____
Other ( <i>Specify</i> ): _____	\$ _____

**22. Installment Payments**

Loans, Credit Cards, Attorney Fee Obligations, Etc.	\$ _____
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**23. Other**

**Children**

Little League, Soccer, Etc.	\$ _____
Haircuts	\$ _____
Camp, Day Camp, Supplies, Etc.	\$ _____
Birthday Parties	\$ _____
Allowance	\$ _____
Girl Scouts/Boy Scouts	\$ _____
Church/Temple Groups	\$ _____
Other ( <i>Specify</i> ): _____	\$ _____

**Self/Family**

Vacations ( <i>annualize</i> )	\$ _____
Church Donations	\$ _____
Hair Care	\$ _____
Pet Care ( <i>Veterinarian, Boarding</i> )	\$ _____
Professional Dues	\$ _____
Special Equipment for Employment	\$ _____
Payments to non-child dependents	\$ _____
Alimony	\$ _____
Voluntary Payroll Deductions	\$ _____
Savings/Investment	\$ _____
Prior Existing Support Obligations	\$ _____
Tax Reserve Account	\$ _____
Tax Return Preparation	\$ _____
Visitation Expenses	\$ _____
Miscellaneous	\$ _____

