

LAST YEAR'S GROSS INCOME: Year _____ Your Income: _____

PRESENT MONTHLY GROSS INCOME:

1. Monthly gross salary or wages	
2. Monthly bonuses, commissions, allowances, overtime, tips, and similar payments	
3. Monthly business income from sources such as self-employment, partnerships, close corporations, and/or independent contracts (Gross receipts minus ordinary and necessary expenses required to produce income (→ Attach sheet itemizing such income and expenses)	
4. Monthly disability benefits/SSI	
5. Monthly Workers' Compensation	
6. Monthly Unemployment Compensation	
7. Monthly pension, retirement, or annuity payments	
8. Monthly Social Security benefits	
9. Monthly alimony actually received 9a. From this case: \$ _____ 9b. From other case(s): \$ _____ Add 9a and 9b	
10. Monthly interest and dividends	
11. Monthly rental income (gross receipts minus ordinary and necessary expenses required to produce income. (→ Attach sheet itemizing such income and expenses)	
12. Monthly income from royalties, trusts and estates	
13. Monthly reimbursed expenses and in-kind payments to the extent that they reduce personal living expenses (→ Attach sheet itemizing such income and expenses)	
14. Monthly gains derived from dealing in property (not including nonrecurring gains)	
15.	
16.	
17. PRESENT MONTHLY GROSS INCOME: (Add lines 1–16) TOTAL:	
PRESENT MONTHLY DEDUCTIONS:	
18. Monthly federal, state, and local income tax (corrected for filing status and allowable dependents and income tax liabilities a. Filing Status :MARRIED FILING SEPARATE b. Number of dependents claimed <u> 1 </u>	
19. Monthly FICA or self-employment taxes	

20. Monthly Medicare payments	
21. Monthly mandatory union dues	
22. Monthly mandatory retirement payments	
23. Monthly health insurance payments (including dental insurance), excluding portion paid for any person other than the minor child of this relationship	
24. Monthly court-ordered child support actually paid for children from another relationship	
25. Monthly court-ordered alimony actually paid 25a. From this case \$ _____ 25b. From other case(s) _____ Add 25a and 25b	
26. TOTAL DEDUCTIONS ALLOWABLE UNDER TEXAS FAMILY CODE (Add lines 18 through 25)	\$ _____
27. PRESENT NET MONTHLY INCOME (Subtract line 26 from line 17)	\$ _____

Monthly Expense Item	Category Subtotals	Final Totals
HOUSEHOLD:		
1. Monthly mortgage or rent payments		
2. Monthly property taxes (if not included in mortgage)		
3. Monthly insurance on residence (if not included in mortgage)		
4. Monthly condominium maintenance fees and homeowner's association fees		
5. Monthly electricity		
6. Monthly water, garbage and sewer		
7. Monthly telephone (land line, including long distance)		
8. Monthly cellular phone		
9. Monthly fuel oil or natural gas		
10. Monthly repairs and maintenance		
11. Monthly lawn care		
12. Monthly pool maintenance		
13. Monthly pest control		
14. Monthly misc. household		
15. Monthly food and home supplies		
16. Monthly meals outside home		

17. Monthly cable t.v.		
18. Monthly alarm service contract		
19. Monthly service contracts on appliances		
20. Monthly maid service		
21.		
22.		
23.		
24		
25. (add lines 1 through 24)	SUBTOTAL	\$
AUTOMOBILE:		
26. Monthly gasoline and oil		
27. Monthly repairs		
28. Monthly auto tags and emission testing		
29. Monthly insurance		
30. Monthly payments (lease or financing)		
31. Monthly rental/replacements		
32. Monthly alternative transportation (bus, rail, car pool, etc.)		
33. Monthly tolls and parking		
34.		
35. lines 26 through 34)	SUBTOTAL (add	\$
MONTHLY EXPENSES FOR CHILD COMMON TO BOTH PARTIES:		
36. Monthly nursery, babysitting, or day care		
37. Monthly school tuition		
38. Monthly school supplies, books and fees		
39. Monthly after school activities		
40. Monthly lunch money		
41. Monthly private lessons or tutoring		

42. Monthly allowances		
43. Monthly clothing and uniforms		
44. Monthly entertainment (movies, parties, etc.)		
45. Monthly health insurance		
46. Monthly medical, dental, prescriptions (nonreimbursed only)		
47. Monthly psychiatric/psychological/counselor		
48. Monthly orthodontic		
49. Monthly vitamins		
50. Monthly beauty parlor/barber shop		
51. Monthly nonprescription medication		
52. Monthly cosmetics, toiletries, and sundries		
53. Monthly gifts from child to others (other children, relatives, teachers, etc.)		
54. Monthly camp or summer activities		
55. Monthly clubs (Boy/Girl Scouts, etc.)		
56. Monthly access expenses (for nonresidential parent		
57. Monthly miscellaneous		
58. SUBTOTAL \$		
(add lines 36 through 57)		
MONTHLY EXPENSES FOR CHILD(REN) FROM ANOTHER		
RELATIONSHIP: (other than court-ordered child support)		
59.		
60.		
61.		
62.		
63. SUBTOTAL \$		
(add lines 59 through 62)		
MONTHLY INSURANCE:		
64. Health insurance, excluding portion paid for any minor child(ren) of this relationship.		
65. Life insurance		
66. Dental insurance		

67.		
68.		
69. (add lines 64 through 68)	SUBTOTAL	\$
OTHER MONTHLY EXPENSES NOT LISTED ABOVE:		
70.	Monthly dry cleaning and laundry	
71.	Monthly clothing	
72.	Monthly medical, dental, and prescription (unreimbursed only)	
73.	Monthly psychiatric, psychological, or counselor (unreimbursed only)	
74.	Monthly non-prescription medications, cosmetics, toiletries, and sundries	
75.	Monthly grooming	
76.	Monthly gifts	
77.	Monthly pet expenses	
78.	Monthly club dues and membership	
79.	Monthly sports and hobbies	
80.	Monthly entertainment	
81.	Monthly periodicals/books/tapes/CD's	
82.	Monthly vacations	
83.	Monthly religious organizations	
84.	Monthly bank charges/credit card fees	
85.	Monthly education expenses	
Other: (include any usual and customary expenses not otherwise mentioned in the items listed above)		
86.		
87.		
88.		
89.		
90. (add lines 81 through 89)	SUBTOTAL	\$

MONTHLY PAYMENTS TO CREDITORS: (only when payments are currently made by you on outstanding balances)		
NAME OF CREDITOR(s):		
91.		
92.		
93.		
94.		
95.		
96.		
97.		
98.		
99.		
100.		
101.		
102.		
103.		
104.		
104 SUBTOTAL (add lines 91 through 104)	\$	
105. TOTAL MONTHLY EXPENSES: (add lines 25, 35, 58, 63, 69, 90 and 104)		\$

QUICK ASSETS		
Cash (on hand)		
Cash (in banks or credit unions)		
Name of Institution & Account No.		
Name of Institution & Account No.		
Name of Institution & Account No.		
Name of Institution & Account No.		
Name of Institution & Account No.		
Stocks and Bonds		
Name of Institution & Account No.		

Name of Institution & Account No.	
Name of Institution & Account No.	
Name of Institution & Account No.	
Name of Institution & Account No.	
Notes (money owed to you in writing)	
Name of Debtor	
Name of Debtor	
Money owed to you (not evidenced by a note)	
Name of Debtor	
Name of Debtor	
Retirement plans (Profit Sharing, Pension, IRA, 401ks, etc.)	
Name of Institution/Plan & Account No. 401K (CONTINENTAL AIRLINES)	
Name of Institution/Plan & Account No. TIAA-CREF	
Name of Institution/Plan & Account No.	
Name of Institution/Plan & Account No.	
Life Insurance (cash surrender value)	
Name of Company & Policy No.	
Name of Company & Policy No.	
Name of Company & Policy No.	
Other Quick Assets	
TOTAL QUICK ASSETS	\$