

FINANCIAL INFORMATION STATEMENT
OF _____
(AS OF _____)

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 (<input type="checkbox"/> 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. (<input type="checkbox"/> 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 -	
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 : b. Number of dependents claimed <u> () </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 condo. maint. fees OR homeowner's assn. 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		

Monthly Expense Item	Category Subtotals	Final Totals
12. Monthly pool maintenance		
13. Monthly pest control		
14. Monthly Internet fees		
15. Monthly food and home supplies		
16. Monthly meals outside home		
17. Monthly cable t.v. and internet		
18. Monthly alarm service contract		
19. Monthly service contracts on appliances		
20. Monthly maid service		
21. Monthly Storage Unit charges		
22. Misc. Monthly Household expenses		
23.		
24		
25. SUBTOTAL (add lines 1 through 24)		
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 - paid monthly, reimbursed semi-annually		
32. Monthly alternative transportation (bus, rail, car pool, etc.)		
33. Monthly tolls and parking		
34.		
35. SUBTOTAL (add lines 26 through 34)		

Monthly Expense Item	Category Subtotals	Final Totals
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.		

Monthly Expense Item	Category Subtotals	Final Totals
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. SUBTOTAL (add lines 64 through 68)		
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 Vet/meds/grooming/boarding		
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		

Monthly Expense Item	Category Subtotals	Final Totals
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. SUBTOTAL (add lines 70 through 89)		
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)		

Monthly Expense Item	Category Subtotals	Final Totals
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.		
Name of Institution/Plan & Account No.		
Name of Institution/Plan & Account No.		
Name of Institution/Plan & Account No.		
Life Insurance (cash surrender value)		

QUICK ASSETS	
Name of Company & Policy No.	
Name of Company & Policy No.	
Name of Company & Policy No.	
Other Quick Assets	
TOTAL QUICK ASSETS	\$

_____ Date

_____ Petitioner/Respondent (circle one)