

LAW OFFICES OF JOSEPH ADELIZZI
191 Calle Magdalena
Suite 220
Encinitas, CA 92024
(760) 632-1338

INCOME INFORMATION WORKSHEET

Name: _____

GROSS INCOME (last year)

Total gross salary, wages, bonuses, etc: \$ _____

All other income \$ _____

TOTAL \$ _____

TOTAL GROSS MONTHLY INCOME \$ _____

If your income has fluctuated greatly in the last 3 years, explain:

If you anticipate a change in income soon, explain:

DEDUCTIONS

State income tax withheld: \$ _____

Federal income tax withheld: \$ _____

Number of exemptions claimed: _____

FICA (Social Security) or self-employment tax: \$ _____

Health insurance: \$ _____

State disability insurance: \$ _____

Mandatory union dues, retirement, and pension \$ _____

Child or spousal support for a *PREVIOUS* relationship: \$ _____

TOTAL MONTHLY DEDUCTIONS \$ _____

Gross monthly income \$ _____

Monthly deductions - _____

NET MONTHLY DISPOSABLE INCOME \$ _____

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EXPENSE INFORMATION WORKSHEET

Name: _____

List all persons living in your home **whose expenses are included below** and their income:

<u>NAME</u>	<u>AGE</u>	<u>RELATIONSHIP</u>	<u>GROSS MONTHLY INCOME</u>
1. _____			
2. _____			
3. _____			
4. _____			

<u>MONTHLY EXPENSES</u>	<u>CURRENT</u>	<u>FUTURE</u>
1. Residence payments		
a) Rent or mortgage	\$ _____	\$ _____
b) Property taxes and insurance	\$ _____	\$ _____
c) Maintenance	\$ _____	\$ _____
2. Food at home and household supplies	\$ _____	\$ _____
3. Food eating out	\$ _____	\$ _____
4. Gas, electric, water, trash, cable TV	\$ _____	\$ _____
5. Telephone	\$ _____	\$ _____
6. Laundry and cleaning	\$ _____	\$ _____
7. Clothing	\$ _____	\$ _____
8. Medical, including insurance if not listed on Income Information Worksheet	\$ _____	\$ _____
9. Dental, including insurance if not listed on Income Information Worksheet	\$ _____	\$ _____
10. Life insurance	\$ _____	\$ _____
11. Child care	\$ _____	\$ _____
12. Children's extra-curricular activities	\$ _____	\$ _____
13. Education:		
a) Self	\$ _____	\$ _____

b) Children \$ _____ \$ _____

14. Entertainment:

a) Self \$ _____ \$ _____

b) Children \$ _____ \$ _____

15. Transportation and auto expenses:

a) Insurance \$ _____ \$ _____

b) Gas \$ _____ \$ _____

c) Repair and maintenance \$ _____ \$ _____

16. Installment payments (insert total and itemize below)

\$ _____ \$ _____

17. Incidentals:

a) Gifts \$ _____ \$ _____

b) Subscriptions \$ _____ \$ _____

c) Haircuts, etc. \$ _____ \$ _____

d) Vacations \$ _____ \$ _____

e) Travel to be with children \$ _____ \$ _____

f) \$ _____ \$ _____

g) \$ _____ \$ _____

TOTAL MONTHLY EXPENSES \$ _____ \$ _____

INSTALLMENT PAYMENTS

Put a "C" by debts you consider community debts, and an "S" by debts you consider your separate debts.

	CREDITOR'S NAME	PAYMENT FOR	MONTHLY PAYMENT	BALANCE OWING	C\S
1.					
2.					
3.					
4.					
5.					
6.					
7.					