

EXPENSE/BUDGET COMPARISON WORKSHEET

Date Prepared: ____/____/____

Client : _____ Spouse : _____

Home Expenses	Monthly	Annual	Monthly	Annual
Rent/Mortgage	\$	\$	\$	\$
Homeowners/Association Fees				
Property Taxes				
Telephone				
Cellphone				
Pager				
Internet				
Security System				
Cable/Satellite				
Electricity				
Gas/Fuel Oil/Propane/Wood				
Water/Sewer				
Trash Removal				
Grass Cutting/Fertilizing				
Landscape Maintenance				
Snow Removal				
Exterminator				
Gen'l Home Repairs/ Maint./Windows/Carpets				
Home Improvements/Upgrades				
Housecleaning				
Miscellaneous Household				
Total Home Expenses	\$	\$	\$	\$
Food Expenses				
Groceries	\$	\$	\$	\$
Snacks				
Fast Foods				
Restaurant Meals				
Total Food Expenses	\$	\$	\$	\$

Client : _____ Spouse : _____

Entertain./Rec. Expenses	Monthly	Annual	Monthly	Annual
Entertainment (Excludes Dining Out)	\$	\$	\$	\$
Videos/CDs/DVDs				
Movies and Theater				
Hobbies for Self				
Classes/Lessons (Recreational) for Self				
Vacations/Travel				
Memberships/Clubs for Self				
Total Ent./Rec. Expenses	\$	\$	\$	\$

Medical Expenses (After Insurance – Excludes Children)

Physicians	\$	\$	\$	\$
Dentist/Orthodontist				
Optometrist/Glasses/Contacts				
Prescriptions				
Total Medical Expenses	\$	\$	\$	\$

Insurance

Life	\$	\$	\$	\$
Health & Dental (Post Divorce)				
Disability				
Long Term Care				
Home Insurance				
Auto Insurance				
Other (Boat, Umbrella, etc.)				
Total Insurance Expenses	\$	\$	\$	\$

Transportation Expenses for Self

Auto Payment	\$	\$	\$	\$
Fuel				
Repair/Maintenance/Car Wash				
Parking/Tolls				
License				
Total Transportation Expenses	\$	\$	\$	\$

* (Not Covered by Insurance)

Client : _____ Spouse : _____

Clothing Expenses for Self	Monthly	Annual	Monthly	Annual
Clothing	\$	\$	\$	\$
Laundry/Dry Cleaning				
Total Clothing Expenses	\$	\$	\$	\$

Miscellaneous Expenses

Gifts/Holiday Expenses	\$	\$	\$	\$
Vitamins/Non-Prescription Drugs				
Toiletries				
Beauty Salon/Hair/Nails				
Pet Care/Vet				
Books/Newspapers/Magazines				
Stationary/Home Office Supplies				
Postage/Courier				
Business Expenses (Non-Reimbursed)				
Education: Self (Non-Reimbursed)				
Bed, Bath, Kitchen, etc. Items				
Floral Arrangements				
Photo Developing/Printing				
Contributions/Donations				
Cash				
Other Miscellaneous				
Total Miscellaneous Expenses	\$	\$	\$	\$

Other Payments

Quarterly Taxes & Other Tax Payments	\$	\$	\$	\$
Credit Card Payments				
Loan/Debt Payments				
Service Fees (Banks, Investment Accts, etc.)				
Eldercare Expenses				

Client : _____ Spouse : _____

Other Payments (cont.)	Monthly	Annual	Monthly	Annual
Spousal Support Payments	\$	\$	\$	\$
Child Support Payments				
Professional Fees (Financial Planning, Acc't, Legal)				
Mediation/Arbitration/Court Costs				
Therapy/Counseling				
Total Other Payments	\$	\$	\$	\$

TOTAL MONTHLY EXPENSES	\$	\$	\$	\$
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(Excluding Children)

Child-Related Expenses

Education/Tuition	\$	\$	\$	\$
School Supplies/Field Trips/Expenses				
Childcare: Work Related (after tax credit)				
Childcare: Non-Work Related				
Sports/Camps/Lessons				
Hobbies/Toys/Games				
School Meals/Luncheons				
Clothing				
Medical*				
Dentist/Orthodontist*				
Optometrist/Glasses/Contacts*				
Prescription*				
Allowances				
Transportation				
Miscellaneous				
Total Child-Related Expenses	\$	\$	\$	\$

TOTAL MONTHLY EXPENSES	\$	\$	\$	\$
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