



McIntosh Lawyers, PC

INCOME AND EXPENSE STATEMENT OF _____ Date: _____
v. _____ No. _____

I verify that the information provided in this Statement is true and correct. I understand that false statements herein are made subject to the penalties of 18 Pa. C.S. Section 4904 relating to unsworn falsification to authorities.

Date: _____ Signature: _____

* * * * *

INCOME

Employer: _____
Address: _____
Type of Work: _____ Payroll # _____ SS # _____
Gross Pay Per Pay Period: _____ Indicate Weekly, Bi-weekly, etc. _____

ITEMIZED PAYROLL DEDUCTIONS

Federal Withholding \$ _____ Retirement \$ _____ Health Insurance \$ _____
Social Security \$ _____ Savings \$ _____ Other _____
Local Wage Tax \$ _____ Credit Union \$ _____ \$ _____
State Income Tax \$ _____ Life Insurance \$ _____ \$ _____

NET PER PAY PERIOD \$ _____

OTHER INCOME

	<u>Weekly</u>	<u>Monthly</u>	<u>Yearly</u>		<u>Weekly</u>	<u>Monthly</u>	<u>Yearly</u>
Interest	\$ _____	\$ _____	\$ _____	Social Security	\$ _____	\$ _____	\$ _____
Dividends	\$ _____	\$ _____	\$ _____	Expense Account	\$ _____	\$ _____	\$ _____
Pensions	\$ _____	\$ _____	\$ _____	Gifts	\$ _____	\$ _____	\$ _____
Annuity	\$ _____	\$ _____	\$ _____	Unemployment	\$ _____	\$ _____	\$ _____
Rents	\$ _____	\$ _____	\$ _____	Workmen-s Comp.	\$ _____	\$ _____	\$ _____
Royalties	\$ _____	\$ _____	\$ _____	Other	\$ _____	\$ _____	\$ _____

TOTAL ALL INCOME \$ _____ Per _____ Week _____ Month _____ Year

PROPERTY OWNED

	<u>Description</u>	<u>Value</u>	<u>Ownership</u>		
			HUS.	WIFE	JOINT
Checking Accounts	_____	\$ _____	_____	_____	_____
	_____	\$ _____	_____	_____	_____
Savings Accounts	_____	\$ _____	_____	_____	_____
Credit Union	_____	\$ _____	_____	_____	_____
Stocks/Bonds	_____	\$ _____	_____	_____	_____
Real Estate	_____	\$ _____	_____	_____	_____
Automobile	_____	\$ _____	_____	_____	_____
Other	_____	\$ _____	_____	_____	_____
	_____	\$ _____	_____	_____	_____



INCOME AND EXPENSE STATEMENT OF _____ Date: _____
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<u>INSURANCE</u>	<u>Company</u>	<u>Policy Number</u>	<u>Plan Covers</u>	
			HUS.	WIFE
Hospitalization	_____	_____	_____	_____
Medical (Blue Shield)	_____	_____	_____	_____
Health/Accident	_____	_____	_____	_____
Disability (Income)	_____	_____	_____	_____
Dental	_____	_____	_____	_____

EXPENSES (Allocate Monthly Expenses)

<u>Home</u>	<u>Weekly</u>	<u>Monthly</u>	<u>Yearly</u>	<u>Self</u>	<u>Children</u>
Mortgage/Rent	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Maintenance	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Utilities Gas	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Electric	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Fuel Oil	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Telephone	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Water/Sewer	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

<u>Employment</u>	<u>Weekly</u>	<u>Monthly</u>	<u>Yearly</u>	<u>Self</u>	<u>Children</u>
Public Transportation	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Lunch	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

<u>Taxes</u>	<u>Weekly</u>	<u>Monthly</u>	<u>Yearly</u>	<u>Self</u>	<u>Children</u>
Real Estate	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Personal Property	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Income	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

<u>Insurance</u>	<u>Weekly</u>	<u>Monthly</u>	<u>Yearly</u>	<u>Self</u>	<u>Children</u>
Homeowners	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Automobile	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Life	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Accident	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Health	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Other	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

<u>Automobile</u>	<u>Weekly</u>	<u>Monthly</u>	<u>Yearly</u>	<u>Self</u>	<u>Children</u>
Payments	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Fuel/Oil	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Repairs	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

<u>Medical</u>	<u>Weekly</u>	<u>Monthly</u>	<u>Yearly</u>	<u>Self</u>	<u>Children</u>
Doctor	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Dentist/Orthodontist	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Hospital	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____



INCOME AND EXPENSE STATEMENT OF _____ Date: _____
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EXPENSES (Continued)

(Allocate Monthly Expenses)

<u>Education</u>	<u>Weekly</u>	<u>Monthly</u>	<u>Yearly</u>	<u>Self</u>	<u>Children</u>
Private School	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Parochial School	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
College	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Religious	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

Personal

Clothing	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Food	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Barber/Hairdresser	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Credit Payments	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Credit Cards	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Charge Accounts	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Memberships	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

Child Care

Day Care	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Babysitter	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

Loans Balance Due

Credit Union	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Other:					
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

Miscellaneous

Household Help	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Papers/Magazines	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Entertainment	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Pay T.V.	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Vacation	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Gifts	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Legal Fees	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Contributions	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Other Child Support	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Alimony Payments	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Other:					
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____



INCOME AND EXPENSE STATEMENT OF

Name: _____ Date: _____

_____ v. _____ No. _____

SUPPLEMENTAL INCOME STATEMENT

This page must be filled out if you:

- 1. Operate a business or practice a profession, or
- 2. are a member of a partnership or joint venture, or
- 3. are a shareholder in and are salaried by a closed corporation or similar entity.

Attach to this statement a copy of the following documents relating to the partnership, joint venture, business, professional corporation or similar entity:

- 1. the most recent Federal Income Tax return, and
- 2. the most recent Profit and Loss Statement.

Name of Business: _____

Address of Business: _____

Telephone: _____

Nature of Business (Check One)

- 1. Q partnership
- 2. Q joint venture
- 3. Q professional
- 4. Q closed corporation
- 5. Q other _____

Name of accountant, controller or other person in charge of financial records:

Address: _____

Annual Income from Business: \$ _____

- 1. How often is income received? _____
- 2. Gross Income per pay period? _____
- 3. Net income per pay period? _____
- 4. Specified deductions, if any? _____