

THIS FORM MUST BE FILLED OUT AND SIGNED

INCOME AND EXPENSE STATEMENT OF _____
 (Name)

vs. _____ DR # _____

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

DATE: _____ SIGNATURE _____

INCOME

Employer: _____

Address: _____

Type of Work: _____ Payroll # _____ SS # _____

Gross Pay Per Pay Period: _____ Indicate weekly, biweekly, etc. _____

ITEMIZED PAYROLL DEDUCTIONS

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

NET PAY 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	\$ _____	\$ _____	\$ _____
Pension	\$ _____	\$ _____	\$ _____	Gifts	\$ _____	\$ _____	\$ _____
Annuity	\$ _____	\$ _____	\$ _____	Unemployment Comp.	\$ _____	\$ _____	\$ _____
Rents	\$ _____	\$ _____	\$ _____	Workmen's Comp.	\$ _____	\$ _____	\$ _____
Royalties	\$ _____	\$ _____	\$ _____	Other	\$ _____	\$ _____	\$ _____

TOTAL ALL INCOME: \$ _____ per week month year

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

DATE: _____

INCOME AND EXPENSE STATEMENT OF _____
 _____ vs. _____ DR # _____

<u>INSURANCE</u>	<u>Company</u>	<u>Policy Number</u>	<u>(Plan Coverage)</u>		
			<u>Hus.</u>	<u>Wife</u>	<u>Child</u>
Hospitalization	_____	_____	_____	_____	_____
Medical (Blue Shield)	_____	_____	_____	_____	_____
Health/Accident	_____	_____	_____	_____	_____
Disability (Income)	_____	_____	_____	_____	_____
Dental	_____	_____	_____	_____	_____

EXPENSES (FILL IN APPROPRIATE COLUMN) (ALLOCATE MONTHLY EXPENSES)

	<u>Weekly</u>	<u>Monthly</u>	<u>Yearly</u>	<u>Self</u>	<u>Children</u>
<u>Home</u>					
Mortgage/Rent	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Maintenance	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Utilities: Gas	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Electric	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Fuel Oil	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Telephone	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Water/Sewer	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
<u>Employment</u>					
Public Transp.	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Lunch	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
<u>Taxes</u>					
Real Estate	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Personal Property	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Income	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
<u>Insurance</u>					
Homeowners	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Automobile	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Life	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Accident	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Health	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Other	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
<u>Automobile</u>					
Payments	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Fuel/Oil	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Repairs	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
<u>Medical</u>					
Doctor	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Dentist/Orthodontist	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Hospital	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Medicine	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Special Needs	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

INCOME AND EXPENSE STATEMENT OF

DATE: _____

_____ vs. _____ DR # _____

EXPENSES (Continued)

(ALLOCATION)

<u>Education</u>		<u>Weekly</u>	<u>Monthly</u>	<u>Yearly</u>	<u>Self</u>	<u>Children</u>
Private School			\$ _____	\$ _____	\$ _____	\$ _____
Parochial School			\$ _____	\$ _____	\$ _____	\$ _____
College			\$ _____	\$ _____	\$ _____	\$ _____
Religious			\$ _____	\$ _____	\$ _____	\$ _____
<u>Personal</u>						
Clothing			\$ _____	\$ _____	\$ _____	\$ _____
Food			\$ _____	\$ _____	\$ _____	\$ _____
Barber/Hairdresser			\$ _____	\$ _____	\$ _____	\$ _____
Credit Payments			\$ _____	\$ _____	\$ _____	\$ _____
Credit Cards			\$ _____	\$ _____	\$ _____	\$ _____
Charge Accounts			\$ _____	\$ _____	\$ _____	\$ _____
Memberships			\$ _____	\$ _____	\$ _____	\$ _____
<u>Child Care</u>			\$ _____	\$ _____	\$ _____	\$ _____
<u>Loans</u>	<u>Balance</u>					
<u>Due</u>		\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Credit Union	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
<u>Miscellaneous</u>		\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Household Help		\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Papers/Magazines		\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Entertainment		\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Pay T.V.		\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Vacation		\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Gifts		\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Legal Fees		\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Contributions		\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Other Child Support		\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Alimony Payments		\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Other: _____		\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____		\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____		\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____		\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
TOTAL ALL EXPENSES		\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

|

DATE: _____

INCOME AND EXPENSE STATEMENT OF

Name _____
_____ vs. _____ DR # _____

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) partnership
- 2) joint venture
- 3) professional
- 4) closed corporation
- 5) 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: _____