

- Pre-Divorce
  - Post-Divorce
- (check one)

# EXPENSE WORKSHEET

|   | Monthly Expenses | Annual Expenses |  | Monthly Expenses | Annual Expenses |
|---|------------------|-----------------|--|------------------|-----------------|
| <b>Home Expenses</b>  |                  |                 |  |                  |                 |
| Rent/Mortgage   | \$ _____         | \$ _____        |  | \$ _____         | \$ _____        |
| Homeowners/Association Fee  | \$ _____         | \$ _____        |  | \$ _____         | \$ _____        |
| Home Equity Loan  | \$ _____         | \$ _____        |  | \$ _____         | \$ _____        |
| Property Taxes  | \$ _____         | \$ _____        |  | \$ _____         | \$ _____        |
| Telephone   | \$ _____         | \$ _____        |  | \$ _____         | \$ _____        |
| Cellphone/Pager   | \$ _____         | \$ _____        |  | \$ _____         | \$ _____        |
| Internet  | \$ _____         | \$ _____        |  | \$ _____         | \$ _____        |
| Security System   | \$ _____         | \$ _____        |  | \$ _____         | \$ _____        |
| Cable/Satellite   | \$ _____         | \$ _____        |  | \$ _____         | \$ _____        |
| Electricity   | \$ _____         | \$ _____        |  | \$ _____         | \$ _____        |
| Gas   | \$ _____         | \$ _____        |  | \$ _____         | \$ _____        |
| Water/Garbage   | \$ _____         | \$ _____        |  | \$ _____         | \$ _____        |
| Landscape Maintenance/Lawn  | \$ _____         | \$ _____        |  | \$ _____         | \$ _____        |
| Snow Removal  | \$ _____         | \$ _____        |  | \$ _____         | \$ _____        |
| Exterminator  | \$ _____         | \$ _____        |  | \$ _____         | \$ _____        |
| General Home Repairs/Maintenance                                      | \$ _____         | \$ _____        |  | \$ _____         | \$ _____        |
| Home Improvements/Upgrades  | \$ _____         | \$ _____        |  | \$ _____         | \$ _____        |
| Housecleaning   | \$ _____         | \$ _____        |  | \$ _____         | \$ _____        |
| Miscellaneous Household/Pool  | \$ _____         | \$ _____        |  | \$ _____         | \$ _____        |
| <b>Total Home Expenses</b>  | <b>\$ _____</b>  | <b>\$ _____</b> |  |                  |                 |
| <b>Food</b>   |                  |                 |  |                  |                 |
| Groceries   | \$ _____         | \$ _____        |  | \$ _____         | \$ _____        |
| Dining Out  | \$ _____         | \$ _____        |  | \$ _____         | \$ _____        |
| <b>Total Food Expenses</b>  | <b>\$ _____</b>  | <b>\$ _____</b> |  |                  |                 |
| <b>Clothing Expenses</b>  |                  |                 |  |                  |                 |
| Clothing  | \$ _____         | \$ _____        |  | \$ _____         | \$ _____        |
| Laundry/Dry Cleaning  | \$ _____         | \$ _____        |  | \$ _____         | \$ _____        |
| <b>Total Clothing Expenses</b>  | <b>\$ _____</b>  | <b>\$ _____</b> |  |                  |                 |
| <b>Entertainment/Recreation</b>                                       |                  |                 |  |                  |                 |
| Entertainment (Excludes Dining Out)                                   | \$ _____         | \$ _____        |  | \$ _____         | \$ _____        |
| Videos/CDs/DVDs   | \$ _____         | \$ _____        |  | \$ _____         | \$ _____        |
| Hobbies   | \$ _____         | \$ _____        |  | \$ _____         | \$ _____        |
| Movies and Theater  | \$ _____         | \$ _____        |  | \$ _____         | \$ _____        |
| Vacations/Travel  | \$ _____         | \$ _____        |  | \$ _____         | \$ _____        |
| Classes/Lessons   | \$ _____         | \$ _____        |  | \$ _____         | \$ _____        |
| <b>Total Entertainment/Recreation Expenses</b>                        | <b>\$ _____</b>  | <b>\$ _____</b> |  |                  |                 |
| <b>Medical (After or not covered by insurance; excludes children)</b> |                  |                 |  |                  |                 |
| Physicians  | \$ _____         | \$ _____        |  | \$ _____         | \$ _____        |
| Dental/Orthodontist   | \$ _____         | \$ _____        |  | \$ _____         | \$ _____        |
| Optometry/Glasses/Contacts  | \$ _____         | \$ _____        |  | \$ _____         | \$ _____        |
| Prescriptions   | \$ _____         | \$ _____        |  | \$ _____         | \$ _____        |
| <b>Total Medical Expenses</b>   | <b>\$ _____</b>  | <b>\$ _____</b> |  |                  |                 |
| <b>Insurance</b>  |                  |                 |  |                  |                 |
| Life Insurance  | \$ _____         | \$ _____        |  | \$ _____         | \$ _____        |
| Health  | \$ _____         | \$ _____        |  | \$ _____         | \$ _____        |
| Disability  | \$ _____         | \$ _____        |  | \$ _____         | \$ _____        |
| Long-Term Care  | \$ _____         | \$ _____        |  | \$ _____         | \$ _____        |
| Home  | \$ _____         | \$ _____        |  | \$ _____         | \$ _____        |
| Auto  | \$ _____         | \$ _____        |  | \$ _____         | \$ _____        |
| Other (Umbrella, Boat, Cottage, etc.)                                 | \$ _____         | \$ _____        |  | \$ _____         | \$ _____        |
| <b>Total Insurance Expenses</b>                                       | <b>\$ _____</b>  | <b>\$ _____</b> |  |                  |                 |
| <b>Transportation</b>   |                  |                 |  |                  |                 |
| Auto Payment  | \$ _____         | \$ _____        |  | \$ _____         | \$ _____        |
| Fuel  | \$ _____         | \$ _____        |  | \$ _____         | \$ _____        |
| Repair/Maintenance  | \$ _____         | \$ _____        |  | \$ _____         | \$ _____        |
| License   | \$ _____         | \$ _____        |  | \$ _____         | \$ _____        |
| Taxis & Public Transit  | \$ _____         | \$ _____        |  | \$ _____         | \$ _____        |
| <b>Total Transportation Expenses</b>                                  | <b>\$ _____</b>  | <b>\$ _____</b> |  |                  |                 |
| <b>Miscellaneous</b>  |                  |                 |  |                  |                 |
| Postage   | \$ _____         | \$ _____        |  | \$ _____         | \$ _____        |
| Gifts/Holiday Expenses  | \$ _____         | \$ _____        |  | \$ _____         | \$ _____        |
| Vitamins/Non-Prescription Drugs                                       | \$ _____         | \$ _____        |  | \$ _____         | \$ _____        |
| Toiletries  | \$ _____         | \$ _____        |  | \$ _____         | \$ _____        |
| Beauty Salon/Hair/Nails   | \$ _____         | \$ _____        |  | \$ _____         | \$ _____        |
| Pet Care (food, vet, etc.)  | \$ _____         | \$ _____        |  | \$ _____         | \$ _____        |
| Books/Newspapers/Magazines  | \$ _____         | \$ _____        |  | \$ _____         | \$ _____        |
| Donations   | \$ _____         | \$ _____        |  | \$ _____         | \$ _____        |
| Memberships/Clubs   | \$ _____         | \$ _____        |  | \$ _____         | \$ _____        |
| Miscellaneous   | \$ _____         | \$ _____        |  | \$ _____         | \$ _____        |
| Credit Card   | \$ _____         | \$ _____        |  | \$ _____         | \$ _____        |
| <b>Total Miscellaneous Expenses</b>                                   | <b>\$ _____</b>  | <b>\$ _____</b> |  |                  |                 |
| <b>Other Payments</b>   |                  |                 |  |                  |                 |
| Quarterly Taxes & Add'l Tax Payments                                  | \$ _____         | \$ _____        |  | \$ _____         | \$ _____        |
| Spousal Support Payments  | \$ _____         | \$ _____        |  | \$ _____         | \$ _____        |
| Child Support Payments  | \$ _____         | \$ _____        |  | \$ _____         | \$ _____        |
| Eldercare Expenses  | \$ _____         | \$ _____        |  | \$ _____         | \$ _____        |
| Professional Fees (Accounting, Financial Planning, Legal, etc.)       | \$ _____         | \$ _____        |  | \$ _____         | \$ _____        |
| Service Fees (Banks, Investments, etc.)                               | \$ _____         | \$ _____        |  | \$ _____         | \$ _____        |
| <b>Total Other Payments Expenses</b>                                  | <b>\$ _____</b>  | <b>\$ _____</b> |  |                  |                 |
| <b>TOTAL EXPENSES (Excluding Children)</b>                            | <b>\$ _____</b>  | <b>\$ _____</b> |  |                  |                 |
| <b>Child-Related Expenses</b>   |                  |                 |  |                  |                 |
| Education/Tuition   | \$ _____         | \$ _____        |  | \$ _____         | \$ _____        |
| School Lunches  | \$ _____         | \$ _____        |  | \$ _____         | \$ _____        |
| Counselor   | \$ _____         | \$ _____        |  | \$ _____         | \$ _____        |
| Sports/Camps/Lessons  | \$ _____         | \$ _____        |  | \$ _____         | \$ _____        |
| Hobbies/Field Trips/School Activities                                 | \$ _____         | \$ _____        |  | \$ _____         | \$ _____        |
| Toys/Games  | \$ _____         | \$ _____        |  | \$ _____         | \$ _____        |
| Boy-Scout/Girl-Guide Dues   | \$ _____         | \$ _____        |  | \$ _____         | \$ _____        |
| Clothing  | \$ _____         | \$ _____        |  | \$ _____         | \$ _____        |
| Medical   | \$ _____         | \$ _____        |  | \$ _____         | \$ _____        |
| Dental/Orthodontics*  | \$ _____         | \$ _____        |  | \$ _____         | \$ _____        |
| Optometry/Glasses/Contacts*   | \$ _____         | \$ _____        |  | \$ _____         | \$ _____        |
| Prescriptions*  | \$ _____         | \$ _____        |  | \$ _____         | \$ _____        |
| Allowances  | \$ _____         | \$ _____        |  | \$ _____         | \$ _____        |
| Miscellaneous/Haircuts  | \$ _____         | \$ _____        |  | \$ _____         | \$ _____        |
| <b>TOTAL CHILD-RELATED EXPENSES</b>                                   | <b>\$ _____</b>  | <b>\$ _____</b> |  |                  |                 |
| <i>* Not Covered by Insurance</i>                                     |                  |                 |  |                  |                 |
| <b>TOTAL EXPENSES (Including Children)</b>                            | <b>\$ _____</b>  | <b>\$ _____</b> |  |                  |                 |

**NOTE:** Make two copies of this budget, one for "Pre-Divorce" and one for "Post-Divorce" expenses.