

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

EXPENSE WORKSHEET

	Monthly Expenses	Annual Expenses		Monthly Expenses	Annual Expenses
Home Expenses					
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	\$ _____	\$ _____		\$ _____	\$ _____
Total Home Expenses	\$ _____	\$ _____			
Food					
Groceries	\$ _____	\$ _____		\$ _____	\$ _____
Dining Out	\$ _____	\$ _____		\$ _____	\$ _____
Total Food Expenses	\$ _____	\$ _____			
Clothing Expenses					
Clothing	\$ _____	\$ _____		\$ _____	\$ _____
Laundry/Dry Cleaning	\$ _____	\$ _____		\$ _____	\$ _____
Total Clothing Expenses	\$ _____	\$ _____			
Entertainment/Recreation					
Entertainment (Excludes Dining Out)	\$ _____	\$ _____		\$ _____	\$ _____
Videos/CDs/DVDs	\$ _____	\$ _____		\$ _____	\$ _____
Hobbies	\$ _____	\$ _____		\$ _____	\$ _____
Movies and Theater	\$ _____	\$ _____		\$ _____	\$ _____
Vacations/Travel	\$ _____	\$ _____		\$ _____	\$ _____
Classes/Lessons	\$ _____	\$ _____		\$ _____	\$ _____
Total Entertainment/Recreation Expenses	\$ _____	\$ _____			
Medical (After or not covered by insurance; excludes children)					
Physicians	\$ _____	\$ _____		\$ _____	\$ _____
Dental/Orthodontist	\$ _____	\$ _____		\$ _____	\$ _____
Optometry/Glasses/Contacts	\$ _____	\$ _____		\$ _____	\$ _____
Prescriptions	\$ _____	\$ _____		\$ _____	\$ _____
Total Medical Expenses	\$ _____	\$ _____			
Insurance					
Life Insurance	\$ _____	\$ _____		\$ _____	\$ _____
Health	\$ _____	\$ _____		\$ _____	\$ _____
Disability	\$ _____	\$ _____		\$ _____	\$ _____
Long-Term Care	\$ _____	\$ _____		\$ _____	\$ _____
Home	\$ _____	\$ _____		\$ _____	\$ _____
Auto	\$ _____	\$ _____		\$ _____	\$ _____
Other (Umbrella, Boat, Cottage, etc.)	\$ _____	\$ _____		\$ _____	\$ _____
Total Insurance Expenses	\$ _____	\$ _____			
Transportation					
Auto Payment	\$ _____	\$ _____		\$ _____	\$ _____
Fuel	\$ _____	\$ _____		\$ _____	\$ _____
Repair/Maintenance	\$ _____	\$ _____		\$ _____	\$ _____
License	\$ _____	\$ _____		\$ _____	\$ _____
Taxis & Public Transit	\$ _____	\$ _____		\$ _____	\$ _____
Total Transportation Expenses	\$ _____	\$ _____			
Miscellaneous					
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	\$ _____	\$ _____		\$ _____	\$ _____
Total Miscellaneous Expenses	\$ _____	\$ _____			
Other Payments					
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.)	\$ _____	\$ _____		\$ _____	\$ _____
Total Other Payments Expenses	\$ _____	\$ _____			
TOTAL EXPENSES (Excluding Children)	\$ _____	\$ _____			
Child-Related Expenses					
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	\$ _____	\$ _____		\$ _____	\$ _____
TOTAL CHILD-RELATED EXPENSES	\$ _____	\$ _____			
<i>* Not Covered by Insurance</i>					
TOTAL EXPENSES (Including Children)	\$ _____	\$ _____			

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