

**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 # \_\_\_\_\_ SSN # \_\_\_\_\_

Gross Pay Per Pay Period: \_\_\_\_\_ Indicate weekly, biweekly, etc. \_\_\_\_\_

**ITEMIZED PAYROLL DEDUCTIONS**

<b>Federal Withholding</b>	\$	<b>Retirement</b>	\$	<b>Health Insurance</b>	\$
<b>Social Security</b>	\$	<b>Savings</b>	\$	<b>Other</b>	\$
<b>Local Wage Tax</b>	\$	<b>Credit Union</b>	\$		\$
<b>State Income Tax</b>	\$	<b>Life Insurance</b>	\$		\$

**OTHER INCOME**

	Weekly	Monthly	Yearly		Weekly	Monthly	Yearly
<b>Interest</b>	\$	\$	\$	<b>Social Security</b>	\$	\$	\$
<b>Dividends</b>	\$	\$	\$	<b>Expense Account</b>	\$	\$	\$
<b>Pension</b>	\$	\$	\$	<b>Gifts</b>	\$	\$	\$
<b>Annuity</b>	\$	\$	\$	<b>Unemployment Comp.</b>	\$	\$	\$
<b>Rents</b>	\$	\$	\$	<b>Workmen's Comp.</b>	\$	\$	\$
<b>Royalties</b>	\$	\$	\$	<b>Other:</b>	\$	\$	\$

**PROPERTY OWNED**

	Description	Value	Ownership			
			Hus.	Wife	Joint	Child
<b>Checking Account</b>		\$				
		\$				
<b>Savings Account</b>		\$				
<b>Credit Union</b>		\$				
<b>Stocks/Bonds</b>		\$				
<b>Real Estate</b>		\$				
<b>Automobile</b>		\$				
<b>Other</b>		\$				
		\$				

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**INSURANCE**

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

**EXPENSES**

HOME	WEEKLY	MONTHLY	YEARLY	SELF	CHILDREN
Mortgage/Rent	\$	\$	\$	\$	\$
Maintenance	\$	\$	\$	\$	\$
Utilities: Gas	\$	\$	\$	\$	\$
Electric	\$	\$	\$	\$	\$
Fuel Oil	\$	\$	\$	\$	\$
Telephone	\$	\$	\$	\$	\$
Water/Sewer	\$	\$	\$	\$	\$
EMPLOYMENT	WEEKLY	MONTHLY	YEARLY	SELF	CHILDREN
Public Transp.	\$	\$	\$	\$	\$
Lunch	\$	\$	\$	\$	\$
TAXES	WEEKLY	MONTHLY	YEARLY	SELF	CHILDREN
Real Estate	\$	\$	\$	\$	\$
Personal Property	\$	\$	\$	\$	\$
Income	\$	\$	\$	\$	\$
INSURANCE	WEEKLY	MONTHLY	YEARLY	SELF	CHILDREN
Homeowners	\$	\$	\$	\$	\$
Automobile	\$	\$	\$	\$	\$
Life	\$	\$	\$	\$	\$
Accident	\$	\$	\$	\$	\$
Health	\$	\$	\$	\$	\$
Other	\$	\$	\$	\$	\$
AUTOMOBILE	WEEKLY	MONTHLY	YEARLY	SELF	CHILDREN
Payments	\$	\$	\$	\$	\$
Fuel/Oil	\$	\$	\$	\$	\$
Repairs	\$	\$	\$	\$	\$
MEDICAL	WEEKLY	MONTHLY	YEARLY	SELF	CHILDREN
Doctor	\$	\$	\$	\$	\$
Dentist	\$	\$	\$	\$	\$
Hospital	\$	\$	\$	\$	\$
Medicine	\$	\$	\$	\$	\$
Special needs	\$	\$	\$	\$	\$

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**EXPENSES**

EDUCATION	WEEKLY	MONTHLY	YEARLY	SELF	CHILDREN
Private School	\$	\$	\$	\$	\$
Parochial School	\$	\$	\$	\$	\$
College	\$	\$	\$	\$	\$
Religious	\$	\$	\$	\$	\$
PERSONAL	WEEKLY	MONTHLY	YEARLY	SELF	CHILDREN
Clothing	\$	\$	\$	\$	\$
Food	\$	\$	\$	\$	\$
Barber/Hair	\$	\$	\$	\$	\$
Credit Payments	\$	\$	\$	\$	\$
Credit Card	\$	\$	\$	\$	\$
Charge Accounts	\$	\$	\$	\$	\$
Memberships	\$	\$	\$	\$	\$
CHILD CARE	WEEKLY	MONTHLY	YEARLY	SELF	CHILDREN
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
MISCELLANEOUS	WEEKLY	MONTHLY	YEARLY	SELF	CHILDREN
Household Help	\$	\$	\$	\$	\$
Papers/Magazines	\$	\$	\$	\$	\$
Entertainment	\$	\$	\$	\$	\$
Pay T.V.	\$	\$	\$	\$	\$
Vacation	\$	\$	\$	\$	\$
Gifts	\$	\$	\$	\$	\$
Legal Fees	\$	\$	\$	\$	\$
Contributions (Church)	\$	\$	\$	\$	\$
Other Child Support	\$	\$	\$	\$	\$
Alimony Payments	\$	\$	\$	\$	\$
Other:	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
<b>TOTAL EXPENSES</b>	\$	\$	\$	\$	\$

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**SUPPLEMENTAL INCOME STATEMENT**

This page must be filled out if you:

1. operate a business or practice a profession, or
2. are 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 day: \_\_\_\_\_
- 3) Net income per pay period: \_\_\_\_\_
- 4) Specified deductions, if any: \_\_\_\_\_