



Pamela Wax-Semus, CFE

CLIENT'S MONTHLY EXPENSES

DATE: _____

CLIENT'S NAME: _____

**SUPPORTING DOCUMENTATION SHOULD COME FROM YOUR PERSONAL BANK AND CREDIT CARD ACCOUNTS.
IF THE EXPENSE WAS PAID BY THE COMPANY AS A PERQUISITE, PLEASE INDICATE.**

AVERAGE MONTHLY LIVING EXPENSES:

13. a. RESIDENCE PAYMENTS:

1. RENT OR MORTGAGE:

A. MORTGAGE PAYMENTS _____

B. RENT PAYMENTS _____

TOTAL RENT OR MORTGAGE _____

IF MORTGAGE, INCLUDE:

AVERAGE PRINCIPAL _____

AVERAGE INTEREST _____

IMPOUND FOR REAL PROPERTY TAXES _____

IMPOUND FOR HOME-OWNER'S INSURANCE _____

2. REAL PROPERTY TAXES (If not included in item (1)) _____

3. HOMEOWNER'S OR RENTER'S INSURANCE (If not included in item (1)) _____

4. MAINTENANCE AND REPAIR:

A. GARDENING _____

B. HOMEOWNER ASSOCIATION DUES _____

C. HOUSEKEEPING _____

D. HOME SECURITY _____

E. IMPROVEMENTS _____

F. POOL SERVICE _____

G. REPAIRS & MAINTANANCE _____

H. CLEANING EXPENSES (INCL. CARPET, FURNITURE,..) _____

I. EXTERMINATOR _____

TOTAL MAINTENANCE AND REPAIR _____

TOTAL RESIDENCE PAYMENTS _____

13. b. HEALTH CARE COSTS NOT PAID BY INSURANCE:

A. DOCTORS, DENTISTS, ORTHODONTIST _____

B. THERAPIST _____

C. PRESCRIPTIONS & SUPPLIES _____

D. OPTOMETRY & EYE GLASSES _____

TOTAL HEALTH CARE COSTS NOT PAID BY INSURANCE _____

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13. c. CHILD CARE EXPENSES:

- A. CLOTHING & SHOES _____
 - B. ALLOWANCES _____
 - C. DUES & SUBSCRIPTIONS (BROWNIES, SCOUTS, ETC...) _____
 - D. BABYSITTER/DAY CARE _____
 - E. HEALTH & BEAUTY CARE _____
 - F. TOYS & GIFTS _____
 - G. ACTIVITIES, RECREATION, SUMMER CAMP _____
 - H. LESSONS:
 - 1. MUSIC _____
 - 2. RELIGIOUS _____
 - 3. ART, DRAMA, DANCE _____
 - 4. MISCELLANEOUS _____
 - I. MEDICAL:
 - 1. DOCTORS _____
 - 2. DENTAL & ORTHODONTIST _____
 - 3. OPTOMETRY & EYE GLASSES _____
 - 4. THERAPIST _____
 - 5. PRESCRIPTIONS _____
 - J. CHILDREN'S EDUCATION:
 - 1. TUITION _____
 - 2. LUNCHESES _____
 - 3. TRANSPORTATION _____
 - 4. BOOKS & SUPPLIES _____
 - 5. TUTORING _____
 - 6. MISCELLANEOUS _____
 - K. OTHER _____
- TOTAL CHILD CARE EXPENSES** _____

13. d. GROCERIES & HOUSEHOLD SUPPLIES:

- A. GROCERIES (INCL. ORDINARY & SPECIALTY STORES) _____
 - B. HEALTH FOODS _____
 - C. LIQUOR EXPENSES _____
 - D. HOUSEHOLD SUPPLIES _____
- TOTAL GROCERIES & HOUSEHOLD SUPPLIES** _____

13. e. EATING OUT:

- A. RESTAURANTS _____
- TOTAL EATING OUT** _____



13. f. UTILITIES:

- A. CABLE _____
- B. GAS _____
- C. ELECTRIC _____
- D. WATER _____
- E. GARBAGE COLLECTION _____

TOTAL UTILITIES _____

13. g. TELEPHONE/CELL PHONE/E-MAIL:

- A. CELLULAR SERVICE _____
- B. TELEPHONE SERVICE _____
- C. ANSWERING SERVICE _____
- D. INTERNET SERVICE _____

TOTAL TELEPHONE/CELL PHONE/E-MAIL _____

13. h. LAUNDRY & CLEANING:

- A. DRY CLEANING _____
- B. ALTERATIONS _____

TOTAL LAUNDRY & CLEANING _____

13. i. CLOTHING:

- A. CLOTHING & SHOES _____

TOTAL CLOTHING _____

13. j. EDUCATION:

- A. TUITION _____
- B. BOOKS & SUPPLIES _____
- C. PARKING _____
- D. MISCELLANEOUS _____

TOTAL EDUCATION _____

13. k. ENTERTAINMENT, GIFTS & VACATION:

- A. ENTERTAINMENT & MEALS _____
- B. TRAVEL _____
- C. SPORTS ACTIVITIES _____
- D. RECREATION _____
- F. GIFTS _____
- G. FLORIST _____

TOTAL ENTERTAINMENT, GIFTS & VACATION _____



13. l. AUTO EXPENSES & TRANSPORTATION:

- A. AUTO CLUB DUES _____
 - B. GAS & OIL _____
 - C. INSURANCE _____
 - D. REPAIRS & MAINTENANCE (TIRES, BATTERIES, ..) _____
 - E. PARKING _____
 - F. LICENSE & REGISTRATION _____
 - G. CAR WASH _____
 - H. AUTO EXPENSES - OTHER _____
- TOTAL AUTO EXPENSES & TRANSPORTATION** _____

13. m. INSURANCE:

- A. LIFE _____
 - B. ACCIDENT _____
 - C. LIABILITY _____
 - D. DISABILITY _____
- TOTAL INSURANCE** _____

13. n. SAVINGS AND INVESTMENTS

- A. SAVINGS AND INVESTMENTS CONTRIBUTIONS _____
 - B. EMPLOYER SPONSORED SAVINGS PLANS _____
 - 1. EMPLOYEE VOLUNTARY CONTRIBUTIONS _____
 - 2. EMPLOYER MATCHING _____
- TOTAL SAVINGS AND INVESTMENTS** _____

13. o. CHARITABLE CONTRIBUTIONS

- A. CHARITABLE CONTRIBUTIONS _____
 - B. TEMPLE DUES _____
- TOTAL CHARITABLE CONTRIBUTIONS** _____

13. p. INSTALLMENT PAYMENTS & DEBTS (MONTHLY PAYMENTS):

- A. FURNITURE & FIXTURES _____
 - B. PAYMENTS ON PERSONAL LOANS _____
 - C. OTHER: (EXPLAIN) _____
 - 1. _____
 - 2. _____
 - 3. _____
- TOTAL INSTALLMENT PAYMENTS & DEBTS (MONTHLY PAYMENTS)** _____



13. q. OTHER (INCIDENTALS):

- A. ACCOUNTING SERVICES _____
- B. ALIMONY OR CHILD SUPPORT FOR PREVIOUS RELATIONSHIP _____
- C. BANK CHARGES _____
- D. CREDIT CARD PAYMENTS (if credit card statements are not available)
 - 1. _____
 - 2. _____
- E. CASH EXPENSES _____
- F. DUES & SUBSCRIPTIONS _____
- G. HEALTH & BEAUTY CARE _____
- H. LICENSES _____
- I. DEPARTMENT STORE CHARGES
 - 1. _____
 - 2. _____
- J. HOBBIES _____
- K. PERSONAL PROPERTY _____
- L. PETS _____
- M. POSTAGE _____
- N. STATIONERY, BOOKS, RECORDS _____

TOTAL OTHER _____

TOTAL MONTHLY LIVING EXPENSES

NON-LIVING EXPENSES REPORTED ELSEWHERE ON FL-150 FORM

- A. INCOME TAX - FEDERAL _____
- B. INCOME TAX - STATE _____
- C. EXPENSES ATTRIBUTABLE TO DIVORCE (ie: LEGAL & ACCOUNTING,...) _____
- D. BURIAL ARRANGEMENTS _____
- E. NON-RECURRING OR A ONE-TIME EXPENSE:
 - 1. _____
 - 2. _____
 - 3. _____

TOTAL NON-LIVING EXPENSES REPORTED ELSEWHERE ON FORM FL-150 \$ _____

GRAND TOTAL - ALL EXPENSES \$ _____

