

Personal Income Statement

Name:	Date:	Period:
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INCOME

EXPENSES

		Transportation
Gross Salaries		Auto Loan/Lease Payments
Bonuses & Commissions		Auto Insurance
Spouse's Gross Salaries		Gas & Oil
Rental Income		Repairs & Maintenance
Annuities and Pensions		Licenses, Fees & Parking
Dividends and Interest		Other Transportation Expenses
Sale of Personal Capital Items		Personal
1. _____		Food
2. _____		Clothing
TOTAL Gross Income		Laundry & Cleaning
Less Taxes		Music, Morives & Theatre
Personal Income Tax		Drinking, Dining & Dancing
Other Taxes		Sporting Activites
A) TOTAL NET INCOME		Vacation & Travel
		Gifts, Donations & Dues
Household		Education, Books & Magazines
Rent/Mortgage Payments		Medical/Dental/Life Insurance
Household/Apt. Insurance		Doctor & Dentist Fees
Property Taxes		Prescription Medicines
Utilities (telephone, power, etc.)		Loans, Debts & Credit Payments
Maintenance & Repairs		Investment & Savings Plans
Furniture & Appliances		Other Personal Expenses
Stereos, TVs, & Computers		1. _____
Day Care Services		2. _____
Other Household Expenses		

B) TOTAL LIVING EXPENSES

TOTAL DISPOSABLE INCOME (A - B) \$