

Monthly Budget

Your Monthly Gross Income

From Employment:

(If paid weekly, multiply weekly income by 4.3 to arrive at monthly gross income and insert below. If paid every two weeks, multiply two weeks' income by 2.15 and insert below):

<i>Description</i>	<i>Monthly Amount</i>
Gross Monthly Income:	_____
Gross Monthly Tips/Commissions/Bonuses	_____
SUBTOTAL:	_____

From Self-Employment:

<i>Description</i>	<i>Monthly Amount</i>
Gross Receipts:	_____
Expense Reimbursement:	_____
Rental Income:	_____
Royalty Income:	_____
Less Ordinary/Necessary Expenses:	_____
Plus Monthly Portion of Accelerated	_____
Component of any Depreciation Allowance	_____
or Investment Tax Credits:	_____
SUBTOTAL:	_____

Others Sources of Income:

<i>Description</i>	<i>Monthly Amount</i>
Dividends:	_____
Interest Income:	_____
Trust Income:	_____
Contract Payments (less underlying debt):	_____
Annuity Income:	_____
Retirement Benefits: Pension/IRA/Keogh	_____
(non-soc.sec):	_____
Social Security Income:	_____

Workers' Compensation Benefits per week x 4.3= _____
 Unemployment Benefits per week x 4.3= _____
 Disability Benefits: _____
 Gift or Prizes: _____
 Spousal Support: _____
 Expense Reimbursement and/or Per Diem _____
 Allowance (not listed in Item B above): _____
 ADC Benefits: _____
 FCAS (food stamps): _____
 Other (specify): _____

SUBTOTAL: _____

Summary of Your Gross Income:

Description

Amount

Income from Employment _____
 Self-Employment Income _____
 Other Income _____

**YOUR TOTAL MONTHLY
GROSS INCOME:** _____

Information for Medical and Dental Insurance Coverage:

(for children listed on page 1, item 6, of this schedule which is presently provided or available for the benefit of those children.):

- ☐ I provide this (complete information below)
☐ Other parent provides this (complete if known)

	HEALTH	DENTAL
Gross Monthly Premium Actually Paid	_____	_____
by You (exclude amounts paid by your employer):	_____	_____
Monthly Premium to Cover Only You:	_____	_____
Dependent's Portion of Monthly Premium:	_____	_____

YOUR MONTHLY TAX WITHHOLDINGS:

☐ I claim Married
☐ I claim Single

Federal Income Tax withholding _____
 State Income Tax withholding _____
 Medicare _____
 Oregon Transit Tax _____
 Oregon Paid Family Medical _____
 Oregon Worker's Compensation _____

Direct MONTHLY expenses for the children of this relationship which you pay:

	<i>AMOUNT</i>
A. School Expenses:	_____
School Lunches:	_____
Books, Tuition:	_____
Activities:	_____
Other (Specify):	_____
B. Food (other than school lunches):	_____
C. Day Care:	_____
D. Clothing	_____
E. Medical Insurance--Premium Payments:	_____
F. Unreimbursed Health Costs:	_____
G. Unreimbursed Dental Costs:	_____
H. Baby-Sitting (not work related):	_____
I. Lessons:	_____
J. Grooming Needs:	_____
K. Hobbies, Recreation:	_____
L. Entertainment:	_____
M. Allowances:	_____
N. Transportation:	_____
Gasoline, Oil:	_____
Insurance for Driving-Age Child:	_____
O. Miscellaneous (Specify):	_____
 TOTAL DIRECT EXPENSES OF CHILDREN:	 _____

FIXED COSTS

Monthly Amount

A. RESIDENCE	
Mortgage or Rent:	_____
Property Taxes:	_____
(if not included in mortgage)	_____
Second Mortgage	_____
Other:	_____
 B. UTILITIES	 _____
Electricity:	_____
Heat (other than electricity)	_____
Water:	_____
Garbage:	_____
Telephone:	_____
Other:	_____

C. TRANSPORTATION

Car Payments: _____
Gas and Oil: _____
Maintenance and Repairs: _____
Other (Specify): _____

D. INSURANCE

Life: _____
Automobile: _____
Medical/Dental: _____
Residence: _____

E. FOOD AND HOUSEHOLD ITEMS:

(Exclude food expenses for joint children) _____

F. CLOTHING:

Grooming/Personal Needs: _____

G. MEDICINE AND PHARMACEUTICAL--

Unreimbursed medical/dental costs: _____

H. COURT/DHR-ORDERED SUPPORT
PAYMENTS:

TOTAL FIXED COSTS (A-H):

CONSUMER OBLIGATIONS:

NAME OF CREDITOR	BALANCE DUE	MONTHLY PAYMENT
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TOTAL MONTHLY PMTS/CONSUMER OBLIGATIONS: _____

DISCRETIONARY EXPENSES:

Monthly Amount

- A. Entertainment:
- B. Vacations:
- C. Gifts:
- D. Religious Contributions:
- E. Dues and Subscriptions:
- F. Club Memberships and Dues:

TOTAL DISCRETIONARY EXPENSES:

ADDITIONAL EXPENSES:

- A.
- B.
- C.

TOTAL ADDITIONAL EXPENSES: