

**LAW OFFICES OF  
BREWER JACKSON & LANG, P.C.**

**FINANCIAL INFORMATION STATEMENT**

**Wife**

**Husband**

**A. MONTHLY EXPENSE**

	<b>HOUSEHOLD</b>	<b>PRESENT</b>
1	Mortgage Payment	
2	Rent	
3	Telephone	
4	Cellular Phone	
5	Beeper	
6	Water	
7	Electricity	
8	Gas	
9	Homeowner or Tenant Insurance	
10	Mortgage Insurance	
11	Home Improvement Loan	
12	Furniture Payments	
13	Repairs and Maintenance	
14	Household Furnishings	
15	Groceries	
16	Painting	
17	Window washing	
18	Vehicle License & registration	
19	Real Estate Taxes	
20	Second Mortgage or Lien	
21	Garbage Service	
22	Expenses related to other real estate	
23	School and/or Work Lunches	
24	Carpet Cleaning	

25	Lawn Mowing and Yard Maintenance	
26	Domestic Help	
27	Neighborhood Co-op Patrol/Security	
28	Exterminator	
29	Other	
	<b>TOTAL HOUSEHOLD</b>	<b>\$</b>
	<b>AUTO AND TRANSPORTATION FOR CHILDREN</b>	
30	Car Payment	
31	Car Insurance	
32	Car Rental	
33	Gasoline and Oil	
34	Car Maintenance and Repair	
35	Bus or Other Transportation	
36	Car Washing	
37	Parking	
38	Other	
	<b>TOTAL AUTO AND TRANSPORTATION FOR CHILDREN</b>	<b>\$</b>
	<b>AUTO AND TRANSPORTATION FOR SELF</b>	
39	Car Payment	
40	Car Insurance	
41	Car Rental	
42	Gasoline and Oil	
43	Car Maintenance and Repair	
44	Bus or Other Transportation	
45	Car Washing	
46	Parking	
47	Boat/Plane/RV	
48	Other	
	<b>TOTAL AUTO TRANSPORTATION FOR SELF</b>	<b>\$</b>
	<b>MEDICAL/DENTAL FOR CHILDREN (not covered by ins.)</b>	
49	Medical Doctor	
50	Dentist	
51	Orthodontist	
52	Optometrist or Ophthalmologist	
53	Pharmaceuticals	
54	Counseling	
55	Allergist	
56	Speech, Physical or Occupational Therapy	
57	Glasses/Contacts	
58	Other	
	<b>TOTAL MEDICAL/DENTAL FOR CHILDREN</b>	<b>\$</b>
	<b>MEDICAL/DENTAL FOR SELF (not covered by ins.)</b>	
59	Medical Doctor	
60	Dentist	
61	Orthodontist	

62	Optometrist or Ophthalmologist	
63	Pharmaceuticals	
64	Counseling	
65	Allergist	
66	Speech, Physical or Occupational Therapy	
67	Glasses/Contacts	
68	Other	
	<b>TOTAL MEDICAL/DENTAL FOR SELF</b>	<b>\$</b>
	<b>INSURANCE</b>	
69	Life Insurance	
70	Medical Insurance	
71	Other Insurance	
	<b>TOTAL INSURANCE</b>	<b>\$</b>
	<b>PERSONAL-CHILDREN</b>	
72	Clothing	
73	Laundry	
74	Drycleaning	
75	Church Contribution	
76	School Tuition, Supplies and Costs	
77	Barber/Hairdresser	
78	Camp	
79	Tutoring	
80	Allowance	
81	Entertainment	
82	Gifts to children	
83	Vacation	
84	Child Care	
85	Babysitting	
86	Cable TV	
87	Gymnastics	
88	Athletics	
89	Swimming Lessons	
90	Music Lessons	
91	Dance Lessons	
92	Veterinarian	
93	Computer/Internet	
95	School Pictures	
96	Diapers and Formula	
97	Spring Break Expenses	
98	Fall Break Expenses	
99	Christmas Break	
100	Summer Break Expenses	
101	Pet	
102	Meals Out	
103	Other	
	<b>TOTAL PERSONAL-CHILDREN</b>	<b>\$</b>

	<b>PERSONAL-SELF</b>	
104	Clothing	
105	Laundry and Drycleaning	
106	Church Contribution	
107	School Tuition, Supplies and Costs	
108	Barber/Hairdresser	
109	Entertainment	
110	Gifts	
111	Personal Toiletries	
112	Vacations	
113	Clubs	
114	Veterinarian	
115	Computer/Internet	
116	Alterations	
117	Fur Storage	
118	Expenses related to returning to work (education, clothing, etc.)	
119	Care for parents	
120	Pet	
121	Financial Planning	
122	Meals out	
123	Manicure/Pedicure	
124	Massages	
125	Facials	
126	Personal Trainer	
127	Dues	
128	Donations	
129	Other	
	<b>TOTAL PERSONAL-SELF</b>	<b>\$</b>
	<b>MISCELLANEOUS</b>	
130	Savings	
131	Newspaper	
132	Magazine and Other Subscription	
133	Bank and Check Charges	
134	Film Developing	
135	Child Support Payments	
136	Donations	
137	Attorney's Fees	
138	Postage	
139	Other	
	<b>TOTAL MISCELLANEOUS</b>	<b>\$</b>
	<b>OTHER PAYMENTS OWED</b>	
140	MasterCard	
141	Visa	
142	Discover	
143	American Express	
144		

145		
146		
147		
148		
149		
150		
	<b>TOTAL OTHER PAYMENTS OWED</b>	<b>\$</b>
	<b>SUMMARY TOTAL OF ALL EXPENSES</b>	<b>\$</b>

**B. INCOME STATEMENT**

1	<b>Gross Income (Include Commissions, Tips &amp; Bonuses)</b>	
2	<b>Self Employment Income</b>	
3	<b>Interest Income</b>	
4	<b>Dividend Income</b>	
5	<b>Royalty Income</b>	
6	<b>Net Rental Income</b>	
7	<b>Severance Pay</b>	
8	<b>Pensions</b>	
9	<b>Trust Income</b>	
10	<b>Annuities</b>	
11	<b>Capital Gains</b>	
12	<b>Social Security Benefits</b>	
13	<b>Unemployment Benefits</b>	
14	<b>Disability and Worker's Compensation Benefits</b>	
15	<b>Gifts and Prizes</b>	
16	<b>Other Income</b>	
	<b>TOTAL INCOME</b>	<b>\$</b>
	<b>DEDUCTIONS</b>	
17	<b>Federal Income Tax Withholding</b>	
18	<b>FICA</b>	
19	<b>Medicare</b>	
20	<b>Health Insurance (Children's portion: \$_____)</b>	
21	<b>Union Dues</b>	
22	<b>Life Insurance</b>	
23	<b>Disability Insurance</b>	
24	<b>Savings Bonds</b>	
25	<b>Retirement</b>	
26		
27		
28		
	<b>TOTAL DEDUCTIONS</b>	<b>\$</b>
	<b>NET INCOME</b>	<b>\$</b>

**EMPLOYMENT**

**SELF:**

**SPOUSE:**

**SELF IS PAID EVERY: Week ( ) Two Weeks ( ) Bi-Monthly ( ) Monthly ( )**

**SPOUSE IS PAID EVERY Week ( ) Two Weeks ( ) Bi-Monthly ( ) Monthly ( )**

**I certify that the above answers to the questions are listed are true and correct.**

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**SIGNATURE**