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):

Description	*Monthly Amount*
Gross Monthly Income:	_____
Gross Monthly Tips/Commissions/Bonuses	_____
SUBTOTAL:	_____

From Self-Employment:

Description	*Monthly Amount*
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:

Description	*Monthly Amount*
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:

	AMOUNT
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

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: _____