

Please Print out this Workbook,
Fill in by hand and Please Print legibly.

CONFIDENTIAL

Bankruptcy Workbook

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INTRODUCTION

Unforeseen circumstances in your life have left you with a substantial debt burden and you made the right decision to relive this burden while it is still controllable.

This Workbook will enable Mr. Casey to prepare your Petition and streamline this process. At first glance, this Workbook appears to very long and intimidating, but once started you will see how quickly you can move through it.

Please answer each question as thoroughly as you can. The more thorough your answer is now, the less problems you will endure later. If the question asks for a value, please list what you think the item could sell for “as is”. If the question does not pertain to you, please write **“NA”**. If you do not know the answer, please write *“Don't Know”*. If you need more space, please write on the back of that page.

Don't worry about making a mistake, they can be corrected, just let Mr. Casey know as soon as possible.

Glance through this Workbook first to familiarize yourself with it, this will make it less confusing and intimidating. You may find that you need to gather more information to properly answer the questions. Once this is done, then go back and answer all the questions.

BANKRUPTCY WORKBOOK CONTENTS

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I.
GENERAL QUESTIONS

A. NAME

Yourself

Spouse Not Married/Separated
Complete if Married.

First Name

First Name

Middle Name (full)

Middle Name (full)

Last Name

Last Name

Social Security Number

Social Security Number

Date of Birth

Date of Birth

Prior Name(s)

Prior Name(s)

When Used

When Used

Filing Together
 Not Filing

B. TELEPHONE NUMBERS

Home

Home (If Different)

Work

Work

Cell/Mobile

Cell/Mobile

Email

Email

C. ADDRESS - CURRENT

_____ Street Address	_____ Unit #	_____ Street Address (If Different)	_____ Unit #
_____ City		_____ City	
_____ State & Zip Code		_____ State & Zip Code	

PRIOR (IF YOUR CURRENT ADDRESS IS LESS THAN 2 YEARS)

_____ Street Address	_____ Unit #	_____ Street Address (If Different)	_____ Unit #
_____ City		_____ City	
_____ State & Zip Code		_____ State & Zip Code	

How many People Live in Your Household (Including you)? _____

LENGTH OF RESIDENCE IN GEORGIA (IN YEARS)

	You	Spouse
How long have you Lived in Georgia?	_____	_____
If less than 2 years, what State did you move from?	_____	_____

D. EMPLOYER - PRIMARY

_____ Name	_____ Name
_____ Street Address	_____ Street Address
_____ Unit #	_____ Unit #
_____ City	_____ City
_____ State & Zip Code	_____ State & Zip Code
_____ Position	_____ Position

PRIMARY EMPLOYER'S PAYROLL ADDRESS

_____ Street Address	_____ Unit #	_____ Street Address (If Different)	_____ Unit #
_____ City		_____ City	
_____ State & Zip Code		_____ State & Zip Code	

SECOND EMPLOYER NONE

_____ Name	_____ Name
_____ Street Address	_____ Street Address (If Different)
_____ Unit #	_____ Unit #
_____ City	_____ City
_____ State & Zip Code	_____ State & Zip Code
_____ Position	_____ Position

E. DEPENDENTS

1. Do you have any dependents (children or stepchildren) living with you?

If so, please list their names and their relationship to you.

First & Last Name	Relationship
_____	<input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Yours <input type="checkbox"/> Spouses
_____	<input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Yours <input type="checkbox"/> Spouses
_____	<input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Yours <input type="checkbox"/> Spouses
_____	<input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Yours <input type="checkbox"/> Spouses

2. CHILD SUPPORT

Are you or your spouse Paying Child Support? Yes No

Do you pay directly to the mother or to a "Child Support Receiver's Office"?
 Mom Receiver's Office

IF PAYING CHILD SUPPORT, PLEASE COMPLETE THE BELOW.

A. FIRST MOTHER – CHILD SUPPORT PAID TO

Name _____

Address: _____
(Street Number, Street name & Unit Number)

(City) (State) (Zip)

Child's Names _____

Amount Paid _____ per Week Month Other

RECEIVER'S OFFICE **NONE**

Name _____

Address: _____
(Street Number, Street name & Unit Number)

(City) (State) (Zip)

B. SECOND MOTHER - CHILD SUPPORT PAID TO

Name _____

Address: _____
(Street Number, Street name & Unit Number)

(City) (State) (Zip)

Child's Names _____

Amount Paid _____ per Week Month Other

RECEIVER'S OFFICE **NONE**

Name _____

Address: _____
(Street Number, Street name & Unit Number)

(City) (State) (Zip)

II.
REAL PROPERTY

Do you own any Real Property (Houses, land, condo's, townhouses, so forth) (Mobile homes and timeshares are "Personal Property") (Paying the "Mortgage" is owning real property).

[] Yes [] No

IF NO, please go to Page 7.

IF YES, please complete the below

A. PROPERTY 1 –

Is this property a

[] House [] Vacant Land [] Condo [] Townhouse [] Other

Location Address:

Street Address	Unit #
----------------	--------

City	State	Zip Code
------	-------	----------

Whose name is on the Title? [] Yours [] Spouse's [] Both
[] Other _____

What do you think this Property Sell for Today? \$ _____

Who do you pay the 1st Mortgage Payment to? _____

How much is that Payment per month (normally)? \$ _____

Who do you pay the 2nd Mortgage Payment to? _____

How much is that Payment per month (normally)? \$ _____

Is this Property being Foreclosed upon? [] Yes [] No

If "Yes", please state when. _____

Please state the law firm's name that is doing the Foreclosure. _____

B. PROPERTY 2 –

None

Is this property a

House Vacant Land Condo Townhouse Other

Location Address:

Street Address Unit #

City State Zip Code

Whose name is on the Title? Yours Spouse's Both
 Other _____

What do you think this Property Sell for Today? \$ _____

Who do you pay the 1st Mortgage Payment to? _____

How much is that Payment per month (normally)? \$ _____

Who do you pay the 2nd Mortgage Payment to? _____

How much is that Payment per month (normally)? \$ _____

Is this Property being Foreclosed upon? Yes No

If "Yes", please state when. _____

Please state the law firm's name
that is doing the Foreclosure. _____

C. ADDITIONAL PROPERTIES: Do you have more Real Property? Yes No

If Yes, please list them on the pack of this Page.

D. EPA –

Has the EPA or any other governmental unit (Federal, State, County, City or other) notified you of any environmental problems regarding any of the properties you own? Yes No

III.
PERSONAL PROPERTY

Please list all items of "Personal Property" (everything that is not real property) below.

A. BANK ACCOUNTS –

FIRST ACCOUNT: Yours Spouses Joint
Present Balance \$ _____ Checking Savings
Bank Name _____

City & State

SECOND ACCOUNT: Yours Spouses Joint
Present Balance \$ _____ Checking Savings
Bank Name _____

City & State

MORE ACCOUNTS: Do you have more accounts? Yes No
If Yes, please list them on the back of this Page.

B. SECURITY DEPOSITS –

FIRST DEPOSIT: Yours Spouses Joint
Deposit Amount \$ _____ Landlord Utility
Holder's Name _____

Street Address Unit #

City State Zip Code

SECOND DEPOSIT: Yours Spouses Joint
Deposit Amount \$ _____ Landlord Utility
Holder's Name _____

Street Address Unit #

City State Zip Code

MORE ACCOUNTS: Do you have more accounts? Yes No
If Yes, please list them on the back of this Page.

C. HOUSEHOLD GOODS AND FURNISHINGS – Which includes furniture, audio, video and computer equipment. The Value of the items are what a person would pay for then item, not the purchase price or replacement price, but if someone wanted to buy the item form you in its current used condition.

<u>Description of Property</u>	<u>Total Value</u>
1. Electronic Equipment	\$ _____
2. Bedroom Furniture	\$ _____
3. Living Room Furniture	\$ _____
4. Refrigerator/Washer Dryer	\$ _____
5. Other Furniture	\$ _____
6. Books, pictures, antiques, art objects and collectibles:	\$ _____
7. Wearing apparel (of all the person’s filing the Petition):	\$ _____
8. Furs & Jewelry (of all the person’s filing the Petition):	\$ _____
9. Firearms, sports, photography and other hobby equipment:	\$ _____
10. Interest on insurance policies:	\$ _____
11. Annuities:	\$ _____
12. Interest in IRA's, 401K, or other pension & profit sharing plans:	\$ _____
13. Shares of Stock:	\$ _____
14. Interest in partnerships or joint ventures (Please list on back):	\$ _____
15. Government and Corporate Bonds:	\$ _____
16. Accounts receivable:	\$ _____
17. Alimony, maintenance, support or property which you or your spouse, if filing jointly, may be entitled to:	\$ _____
18. Other liquid debts(i.e. tax refunds) owed to you or your spouse:	\$ _____
19. Equitable or future interest in property:	\$ _____
20. Equitable or future interest in property:	\$ _____
21. Interests in estate of decedent, contingent and non-contingent:	\$ _____
22. Claims against third parties (Auto Accidents, Injury Claims, lawsuits and so forth):	\$ _____
23. Patents, copyrights and other intellectual property rights:	\$ _____
24. Licenses, franchises and other general intangibles:	\$ _____

25. Automobiles, motorcycles, trucks & other vehicles:

AUTO 1 Purchasing Lease Style
Year Make Model (LE,SE, etc)

Mileage _____ Lien Holder _____ Pymt \$ _____

AUTO 2 Purchasing Lease Style
Year Make Model (LE,SE, etc)

Mileage _____ Lien Holder _____ Pymt \$ _____

MORE VEHICLES: Do you have more Vehicles? Yes No
 If Yes, please list them on the pack of this Page.

26. Boats, motors and accessories:

<u>Year</u>	<u>Make</u>	<u>Model</u>	
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

27. Aircraft: _____ \$ _____

28. Office Equipment: \$ _____

29. Machinery, fixtures, equipment and supplies used in business: \$ _____

30. Inventory: \$ _____

31. Animals (Farm or livestock in nature): \$ _____

32. Crops-growing or harvested: \$ _____

33. Farming equipment and implements: \$ _____

34. Farm supplies, chemicals and feed: \$ _____

35. Other personal property of any kind not already listed:
 _____ \$ _____
 _____ \$ _____

IV. INCOME

A. PAYDAY

- | | Yourself | Spouse |
|---|----------|--------|
| 1. How often are you paid? | | |
| a. Weekly | [] | [] |
| b. Bi-Weekly (every two weeks) | [] | [] |
| c. Semi-Monthly (twice a month) | [] | [] |
| d. Monthly | [] | [] |
| e. Other: | [] | [] |
| 2. Does your income vary or does it
Remain the Same for each pay period? | | |
| Varies | [] | [] |
| Remains the Same | [] | [] |

If your income varies from pay period to pay period, please complete the Income Supplemental at the end of this Workbook. Please complete B next for the average current paycheck amounts.

B. CURRENT PAYCHECK AMOUNT

1. Please respond to the below for EACH PAY PERIOD

If you are paid on Commissions, or your income varies from pay period to pay period or other similar format, list the averages for the past year.

- | | Yourself | Spouse |
|--|----------|----------|
| a. The <u>GROSS</u> amount you are paid: | \$ _____ | \$ _____ |
| b. Estimated Bonuses & Overtime: | _____ | _____ |
| c. Taxes: | | |
| i. FICA | _____ | _____ |
| ii. Federal | _____ | _____ |
| iii. State Taxes | _____ | _____ |
| iv. Medicare | _____ | _____ |
| v. Other | _____ | _____ |
| d. Insurance: | | |
| i. Health | _____ | _____ |
| ii. Life | _____ | _____ |
| iii. Disability | _____ | _____ |
| iv. Other | _____ | _____ |

	Yourself	Spouse
e. Union dues:	_____	_____
f. 401(k) Deductions:	_____	_____
_____	_____	_____
g. 401(k) Loans:	_____	_____
_____	_____	_____
h. Other deductions:	_____	_____
_____	_____	_____

C. OTHER INCOME

1. CHILD SUPPORT INCOME:
Amount actually received _____
Amount Ordered: _____
2. SOCIAL SECURITY INCOME: _____
3. PENSION OR RETIREMENT: _____
4. INTEREST AND DIVIDENDS INCOME: _____
5. ALIMONY OR SPOUSAL SUPPORT INCOME:
Amount actually received _____
Amount Ordered: _____
6. OTHER TYPES OF GOVERNMENT ASSISTANCE:
Specify: _____
7. INCOME FROM REAL PROPERTY:
(If you have Income from Real Property,
*please complete the Income Supplemental
for Real Property at the end of this Workbook*)

8. OTHER INCOME (UNEMPLOYMENT/TX RTNS/GIFTS/ETC):
Specify: _____

D. OTHER INFORMATION

1. Do you or your spouse expect a significant increase or decrease in income in the NEXT 7 months? [] Yes [] No
2. Did you or your spouse receive a significant increase or decrease in income in the LAST 7 months? [] Yes [] No
If Yes, *please complete the Income Supplemental at the end of this Workbook*

EXPENSES

1. Rent/Mortgage Payment:

a. First Mortgage Payment \$ _____

b. Second Mortgage Payment \$ _____

c. Rent \$ _____

d. Mobile Home: Lot \$ _____

Mobile Home \$ _____

Are real estate taxes included? [] Yes [] No [] NA

Is property insurance included? [] Yes [] No [] NA

2. Utilities:

a. Electricity and heating fuel: a _____

b. Water and sewer: b _____

c. Garbage: c _____

d. Security: d _____

e. Cable: e _____

f. Telecommunications

i. Telephone i _____

ii. Cell/Mobile Phone/Pagers ii _____

iii. Caller ID iii _____

iv. Internet iv _____

v. Special Long Distance v _____

g. Other _____ g _____

3. Home maintenance (repair and upkeep): _____

4. Food: _____

5. Clothing: _____

6. Laundry/Dry Cleaning _____

7. Medical/Dental Expenses (not covered by insurance): _____

8. Transportation (not including car payment(s)): _____

9. Recreation, clubs, entertainment, periodicals: _____

10. Charitable contributions: _____

11. Insurance(not deducted from wages or included in mortgage)

a. Homeowner's or renters (not included in House Pymt): a _____

b. Life (not deducted from Paycheck): b _____

c. Health (not deducted from Paycheck): c _____

d. Auto: d _____

e. Health Savings Accounts e _____

f. Other _____ f _____

12. Taxes(not deducted from wages or included in mortgage)

Specify: _____

13. Installment payments:

a. Auto1: Which Auto _____ a _____

b. Auto2: Which Auto _____ b _____

c. Other: _____ c _____

d. Other: _____ d _____

14. Child support PAID to another: _____

15. Alimony, support or maintenance PAID to another: _____

16. Other expenses:

Child Care: _____

Other: _____

Specify: _____

Specify: _____

Specify: _____

Specify: _____

17. *Other Unique Expenses:*

- a. Do you or your spouse pay for Education needed for your Employment? Yes No
- b. Do you have a Special Needs Child(ren) AND pay for educational required for that child(ren) for whom no public education providing similar services is available? Yes No
- c. Do your Child Care Expenses vary from Month to Month? Yes No
- d. Do your Health Care Expenses vary from Month to Month? Yes No
- e. Do your Telecommunication Expenses vary from Month to Month? Yes No
- f. Do you care for an elderly, chronically ill, or disabled member of your household or member of your immediate family? Yes No
- g. Do you incur expenses to maintain the safety of your family against Family Violence? Yes No
- h. Do you incur expenses in providing elementary and secondary education for your dependent children less than 18 years of age? Yes No
- i. Have you been and will you continue to make contribute in the form of cash or financial instruments to a charitable organization during this bankruptcy? Yes No

If Yes to any of the above, *please complete the Income Supplemental at the end of this Workbook*

V.
GENERAL FINANCIAL QUESTIONS

Please Answer the following questions as best you can.

A. GROSS INCOME RECEIVED:

1. YOUR Income from your primary employment or operation of a business:

Total amount earned so far THIS YEAR: \$ _____

Total amount earned LAST YEAR: \$ _____

Total amount earned THE YEAR BEFORE: \$ _____

2. SPOUSE'S Income from employment or operation of business:

Total amount earned so far THIS YEAR: \$ _____

Total amount earned LAST YEAR: \$ _____

Total amount earned THE YEAR BEFORE: \$ _____

B. DID YOU OR YOUR SPOUSE HAVE INCOME OTHER THAN FROM EMPLOYMENT OR OPERATION OF BUSINESS (second job, interest, investment, dividend, etc...):

[] None

1. **Your Income from other sources:**

Total amount earned so far this year: \$ _____

Source: _____

Total amount earned last year: \$ _____

Source: _____

Total amount earned the year before: \$ _____

Source: _____

2. **Spouse's Income from other sources:**

Total amount earned so far this year: \$ _____

Source: _____

Total amount earned last year: \$ _____

Source: _____

Total amount earned the year before: \$ _____

Source: _____

C. CREDITOR PAYMENTS: Answer a & b

1. Have you made payments to any one creditor aggregating (totaling) more than \$600.00 within the last 90 days?
[] Just Normal Monthly Payments [] No
2. Have you made payments to an insider (Family Member, business partner and so forth) aggregating (totaling) more than \$600.00 within one year?
[] Yes [] No

If Yes, please give any information on these matters you have to Mr. Casey.

D. LAWSUITS, EXECUTIONS, GARNISHMENTS AND ATTACHMENTS: Answer a & b

1. Have you been a party to a lawsuit in the last year? [] Yes [] No
2. Are there any Executions, Garnishments and/or Attachments against you? [] Yes [] No

If Yes, please give any information on these matters you have to Mr. Casey.

E. REPOSSESSION, FORECLOSURES AND RETURNS:

Has any of your property been repossessed, foreclosed or returned to the creditor? [] Yes [] No

If Yes, please give any information on these matters you have to Mr. Casey.

F. ASSIGNMENT AND RECEIVERSHIPS:

1. Has any property been "assigned" for the benefit of any creditors within the past 120 days (6 months)? [] Yes [] No
2. Has any of your property placed in the hands of a custodian, receiver or court appointed official within the last year? [] Yes [] No

If Yes, please give any information on these matters you have to Mr. Casey.

G. GIFTS:

Any gifts or charitable contributions made within the last year aggregating (totaling) more than \$200.00? [] Yes [] No

If Yes, please state:

(Name of Recipient)

(Street No.) (Street Name) (City) (State)

(Zip)

Amount Paid _____ Date of Payment _____

Are there additional Recipients [] Yes [] No

If there are additional Recipient's, please give any information on these matters you have to Mr. Casey.

H. Losses:

Have you had any losses from fire, theft, other casualty or gambling within the last year? Yes No

If yes, please give any information on these loses to Mr. Casey.

I. DEBT COUNSELING:

1. Have you spoken with ANY Debt Counseling Agencies or Debt Relief Agencies or similar group regarding Debt Relief in the past year? Yes No

2. Did you enter into ANY repayment Plan with any Debt Counseling Agencies or Debt Relief Agencies or Creditor or other similar group within the past year? Yes No

3. Have you made any payments or transferred any property to any persons or business for debt consolidation with the past year? Yes No

If Yes, please give any information on these matters you have to Mr. Casey.

J. OTHER TRANSFERS:

Have you transferred any other property (real or personal) within the past year? Yes No

If Yes, please give any information on these properties to Mr. Casey.

K. CLOSED FINANCIAL ACCOUNTS:

Have you closed or transferred any bank accounts, financial accounts, or instruments within the past year? Yes No

If Yes, please give any information on these accounts to Mr. Casey.

L. SAFE DEPOSIT BOXES:

Do you have, or had within the last year, a safe deposit box? Yes No

If Yes, please state the contents of the Box, where the Box is located and who has access to same on the back of this page.

M. SETOFFS:

Has any creditor given a "setoff" with the last 90 days? Yes No

If Yes, give any information on this matter you have to Mr. Casey.

N. PROPERTY HELD FOR ANOTHER PERSON:

Are you in possession of another's property? Yes No

If Yes, please give any information on these matters you have to Mr. Casey.

V.
CREDITOR QUESTIONS

Mr. Casey will “pull” your Credit Report, this is a 3 in 1 Report with the 3 major reporting agencies on 1 report. This Report should show all your credit cards, mortgages, car loans, collection agencies and so forth. Generally, it will not show any doctor, hospital, apartment leases, personal loans or other “local” debts.

As such, please complete the attached 2 forms (“Consumer Written Instructions” and “Member Order Form”). Mr. Casey will also need a legible copy of your driver’s license and a bill with your name and address on it (utility or credit card), please forward those copies when you return these forms. Mr. Casey cannot pull your Credit Report without these completed documents and these documents allow Mr. Casey to pull your Credit Report.

With regards to your Local debts, you may list those doctors, hospitals, apartment leases, personal loans or other “local” debts below that may not be on your Credit Report. If you need more pages, just copy the page 18 as many times as needed.

ADDITIONAL CREDITORS
THAT MAY NOT BE YOUR CREDIT REPORT

1. a. Creditor: Is a Business or Individual

_____ (Name)

(Street No.) (Street Name) (Suite No.) (City) (State) (Zip)

- b. Account Number: _____
- c. What is this debt for: _____
- d. Who incurred this debt: You only Spouse only Both
- e. Amount Creditor claims You owe? \$ _____
- f. When was debt incurred? _____

2. a. Creditor: Is a Business or Individual

(Name)

(Street No.) (Street Name) (Suite No.) (City) (State) (Zip)

- b. Account Number: _____
- c. What is this debt for: _____
- d. Who incurred this debt: You only Spouse only Both
- e. Amount Creditor claims You owe? \$ _____
- f. When was debt incurred? _____

3. a. Creditor: Is a Business or Individual

(Name)

(Street No.) (Street Name) (Suite No.) (City) (State) (Zip)

- b. Account Number: _____
- c. What is this debt for: _____
- d. Who incurred this debt: You only Spouse only Both
- e. Amount Creditor claims You owe? \$ _____
- f. When was debt incurred? _____

4. a. Creditor: Is a Business or Individual

(Name)

(Street No.) (Street Name) (Suite No.) (City) (State) (Zip)

- b. Account Number: _____
- c. What is this debt for: _____
- d. Who incurred this debt: You only Spouse only Both
- e. Amount Creditor claims You owe? \$ _____
- f. When was debt incurred? _____

Consumer Instructions

Online Credit Reporting Corporation
11132 Winners Circle
Suite 207
Los Alamitos, Calif. 90720

Please accommodate my time constraints and, in addition to the material that you mail to me, also send personal credit information directly to:

David J. Casey, Esq._____

540 Powder Springs Street_____

Suite B-9_____

Marietta, Georgia 30064_____

Dcaseyatty@msn.com_____

Signature

Print Name

Credit Report Order Form and Consent Release

First Name _____

Middle Initial _____

Last Name _____

Suffix _____

Social Security Number _____

Street Address _____

City _____

State _____

Zip Code _____

Date of Birth _____

Home Phone _____

Driver License # _____

State _____

Expiration Date _____

Two forms of identification required with current address, one of which must be a photo ID.

Former Address, if less than 2 years

Street Address _____

City _____

State _____

Zip Code _____

I give authorization for **Online Credit Reporting Corporation** to access my credit report information. I understand that OCR will mail my credit report back to the address shown by the credit bureau/s.

Signature _____

Date _____

Income Supplemental

Y = You

S = Spouse

INCOME		This Month	Last Month	2 Months Ago	3 Months Ago	4 Months Ago	5 Months Ago	6 Months Ago
Gross Wages	Y S							
Bonuses & Overtime	Y S							
Commission Income	Y S							
Social Security	Y S							
Pension/Ret Benefits	Y S							
Interest & Dividends	Y S							
Child Sup Received	Y S							
Alimony Received	Y S							
Unemplymnt Benefits	Y S							
Income Tax Returns	Y S							
Real Prop Income	Y S							
Real Prop Expenses	Y S							
1. Other Income	Y S							
2. Other Income	Y S							
3. Other Income	Y S							

* State Source of Other Income

- 1 _____
- 2 _____
- 3 _____

Income Supplemental

Y = You

S = Spouse

Withholding		This Month	Last Month	2 Months Ago	3 Months Ago	4 Months Ago	5 Months Ago	6 Months Ago
Taxes								
FICA	Y							
Taxes	S							
Federal	Y							
Taxes	S							
State	Y							
Taxes	S							
Medicare	Y							
Taxes	S							
Other	Y							
Taxes	S							
Insurance								
Health	Y							
Insurance	S							
Life	Y							
Insurance	S							
Disability	Y							
Insurance	S							
Other	Y							
Insurance	S							
Other	Y							
Insurance	S							
Retirement								
Voluntary	Y							
Contribs	S							
Mandatory	Y							
Contribs	S							
401(k)	Y							
Loan Pymts	S							
Other	Y							
Contribs	S							
Support Pymts								
Child	Y							
Support	S							
Alimony	Y							
Support	S							
Other	Y							
Support	S							
Other								
Other	Y							
Deductions	S							

Income Supplemental

Y = You

S = Spouse

EXPENSES		This Month	Last Month	2 Months Ago	3 Months Ago	4 Months Ago	5 Months Ago	6 Months Ago
Emp Educa	Y							
Expenses	S							
Special Nds	Y							
Expenses	S							
Child Care	Y							
Expenses	S							
HealthCare	Y							
Expenses	S							
TeleCom	Y							
Expenses	S							
Ill/Elderly	Y							
Expenses	S							
Fam Vio	Y							
Expenses	S							
Child Ed	Y							
Expenses	S							
Charitable	Y							
Contrib	S							