



Budget Worksheet for (Spouse) _____

Pre-Divorce / Post-Divorce

Complete one worksheet for actual expenses prior to separation another for budgeting expenses after separation
Use the reverse side of this sheet for notes/itemizing

	<u>Monthly</u> <u>Expenses*</u>	<u>Annual</u> <u>Expenses</u>		<u>Monthly</u> <u>Expenses*</u>	<u>Annual</u> <u>Expenses</u>
<u>HOME</u>			<u>FOOD</u>		
Mortgage/Rent	\$ _____	\$ _____	Groceries	\$ _____	\$ _____
HOA/Condo Fee	\$ _____	\$ _____	Restaurants/Takeout	\$ _____	\$ _____
Home Equity Loan	\$ _____	\$ _____	Work Lunches	\$ _____	\$ _____
Property Taxes	\$ _____	\$ _____	Alcohol	\$ _____	\$ _____
Gas/Fuel Oil/Electric	\$ _____	\$ _____	Total Food	\$ _____	\$ _____
Water	\$ _____	\$ _____			
Telephone/Internet	\$ _____	\$ _____	<u>CLOTHING - Adult</u>		
TV/Streaming	\$ _____	\$ _____	Clothing	\$ _____	\$ _____
Garbage Service	\$ _____	\$ _____	Footwear	\$ _____	\$ _____
Lawn/Landscaping	\$ _____	\$ _____	Dry Cleaning/Laundry	\$ _____	\$ _____
Snow Removal	\$ _____	\$ _____	Tailor	\$ _____	\$ _____
Cell Phone	\$ _____	\$ _____	Total Clothing	\$ _____	\$ _____
Security System	\$ _____	\$ _____			
Furniture	\$ _____	\$ _____	<u>MEDICAL - Adult, Out Of Pocket</u>		
Repairs/Maintenance	\$ _____	\$ _____	Physicians	\$ _____	\$ _____
Improvements/Upgrades	\$ _____	\$ _____	Dentist/Orthodontist	\$ _____	\$ _____
Cleaning/Exterminator	\$ _____	\$ _____	Vision/Glasses/Contacts	\$ _____	\$ _____
Misc. Household/Pool	\$ _____	\$ _____	Prescriptions/Equipment	\$ _____	\$ _____
Total Home	\$ _____	\$ _____	Psychotherapy	\$ _____	\$ _____
			Physical Therapy	\$ _____	\$ _____
<u>CHILDREN</u>			Chiropractic/Holistic/Massage	\$ _____	\$ _____
College	\$ _____	\$ _____	Total Medical	\$ _____	\$ _____
Other Education	\$ _____	\$ _____			
Clothing & Footwear	\$ _____	\$ _____	<u>RECREATION/ENTERTAINMENT</u>		
Medical - uncovered	\$ _____	\$ _____	Vacations/Travel	\$ _____	\$ _____
Dentist/Ortho - uncovered	\$ _____	\$ _____	Sports/Spectator Sports	\$ _____	\$ _____
Vision - uncovered	\$ _____	\$ _____	Hobbies/Lessons	\$ _____	\$ _____
Prescriptions - uncovered	\$ _____	\$ _____	Theater/Concerts/Movies/Music	\$ _____	\$ _____
Psychotherapy - uncovered	\$ _____	\$ _____	Total Recreation/Entertainment	\$ _____	\$ _____
Childcare	\$ _____	\$ _____			
School Lunches	\$ _____	\$ _____	<u>MISCELLANEOUS - Adult</u>		
Clubs & Sports	\$ _____	\$ _____	Retirement Contributions	\$ _____	\$ _____
Lessons & Hobbies	\$ _____	\$ _____	Professional Fees	\$ _____	\$ _____
Cell Phone	\$ _____	\$ _____	Personal Dues/Memberships	\$ _____	\$ _____
Hair & Person Services	\$ _____	\$ _____	Unreimbursed Business Expenses	\$ _____	\$ _____
Tutor/Driver Ed/Classes	\$ _____	\$ _____	Gifts	\$ _____	\$ _____
Gifts to Others	\$ _____	\$ _____	Donations	\$ _____	\$ _____
Technology/Toys/Books	\$ _____	\$ _____	Hair & Personal Services	\$ _____	\$ _____

* for any items paid on a weekly basis, multiply by 4.3 to calculate monthly payment

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Pre-Divorce / Post-Divorce

	<u>Monthly Expenses*</u>	<u>Annual Expenses</u>		<u>Monthly Expenses*</u>	<u>Annual Expenses</u>
<u>CHILDREN, Cont.</u>			<u>MISCELLANEOUS - Adult, Cont.</u>		
Music/Entertainment/Travel Allowance	\$ _____	\$ _____	Toiletries/Cosmetics	\$ _____	\$ _____
Other	\$ _____	\$ _____	Vitamins/Supplements	\$ _____	\$ _____
Total Children's	\$ _____	\$ _____	Newspapers/Books/Magazines	\$ _____	\$ _____
			Computer	\$ _____	\$ _____
			Pet Care	\$ _____	\$ _____
<u>INSURANCE</u>			Tobacco	\$ _____	\$ _____
Home/Renters	\$ _____	\$ _____	Other	\$ _____	\$ _____
Car	\$ _____	\$ _____	Total Miscellaneous	\$ _____	\$ _____
Medical	\$ _____	\$ _____			
Dental	\$ _____	\$ _____	<u>OTHER PAYMENTS</u>		
Vision	\$ _____	\$ _____	Additional Tax Payments	\$ _____	\$ _____
Disability	\$ _____	\$ _____	Spousal Maintenance - other spouse	\$ _____	\$ _____
Long Term Care	\$ _____	\$ _____	Child Support - other children	\$ _____	\$ _____
Other (Umbrella/Vehicle)	\$ _____	\$ _____	Student/Personal Loan	\$ _____	\$ _____
Total Insurance	\$ _____	\$ _____	Legal/Accounting/Financial Fees	\$ _____	\$ _____
			Bank/Other Service Fees	\$ _____	\$ _____
			Total Other Payments	\$ _____	\$ _____
				MONTHLY	ANNUALLY
			<u>TOTAL OF ALL EXPENSES</u>	\$ _____	\$ _____

* for any items paid on a weekly basis, multiply by 4.3 to calculate monthly payment