

DIVORCE EXPENSE WORKSHEET

	MONTHLY EXPENSES	ANNUAL EXPENSES		MONTHLY EXPENSES	ANNUAL EXPENSES
HOME EXPENSES			TRANSPORTATION		
Rent/Mortgage			Auto payment		
Homeowners/assoc. fees			Fuel		
Home equity loan			Repair/maintenance		
Property tax			License/registration/Inspect.		
Telephone-landline			Taxis/Uber/public trans.		
Telephone-cellular			TOTAL TRANS. EXPENSES		
Internet					
Security system			MISCELLANEOUS		
Cable/Satellite			Postage		
Electricity			Gifts/holiday		
Gas			Vitamins & non-RX		
Water/garbage			Toiletries		
Landscape mtn./lawn care			Beauty salon/spa		
Exterminator			Pet care (food, vet, etc.)		
General home repair/mtn.			Books/mags/newspaper		
Home improvement/upgrade			Donations		
Housecleaning			Memberships/clubs dues		
Misc. household (pool)			Credit cards		
TOTAL HOME EXPENSES			Other: _____		
			TOTAL MISC. EXPENSES		
FOOD EXPENSES			OTHER PAYMENTS		
Groceries			Qtrly tax & add'l payments		
Dining out			Spousal support payments		
TOTAL FOOD EXPENSES			Child support payments		
CLOTHING EXPENSES			Eldercare expenses		
Clothing			Professional fees (accounting, financial planning, legal)		
Laundry/dry cleaning			Service fees (bank, investment)		
Tailor/repair			Other: _____		
TOTAL CLOTHING EXPENSES			TOTAL OTHER PYMNT EXP.		
ENTERTAINMENT/RECREATIONAL EXPENSES			TOTAL EXPENSES (Excl. children)		
Entertainment (excl. dining out)					
Streaming services (Netflix)			CHILD-RELATED EXPENSES		
Hobbies			Education/tuition		
Movies and theater			School lunches		
Vacations/travel			Sports/camps/lessons		
Classes/lessons			Hobbies		
Other: _____			School activities/trips		
TOTAL ENTERTAINMENT EXPENSES			Toys/games		
MEDICAL EXPENSES NOT COVERED BY INSURANCE (Excl. children)			Cell phones/service		
Physicians			Allowances		
Dental/orthodontic			Medical*		
Optometry/glasses/contacts			Dental/orthodontics*		
Prescriptions			Optometry/glasses/contacts*		
TOTAL MEDICAL EXPENSES			Prescriptions*		
INSURANCE			Counseling/therapy*		
Life insurance			Miscellaneous/haircuts		
Health			Other: _____		
Disability			Other: _____		
Long-term care			Other: _____		
Home			TOTAL CHILD-RELATED EXPENSES		
Auto			*Not covered by insurance		
Other (umbrella/boat/etc.)					
TOTAL INSURANCE EXPENSES			TOTAL EXPENSES (incl. children)		