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### **EXPENSE WORKSHEET**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

List expenses for your entire household on a monthly basis:

1. Rent/Mortgage: \$ \_\_\_\_\_ Second Mortgage: \$ \_\_\_\_\_
  - a. Property taxes (*if not in mortgage*): \$ \_\_\_\_\_
  - b. Homeowner's insurance (*if not in mortgage*): \$ \_\_\_\_\_
  - c. Condo, co-op, or homeowners association dues: \$ \_\_\_\_\_
  - d. Renter's insurance: \$ \_\_\_\_\_
2. Home maintenance, repairs, and upkeep: \$ \_\_\_\_\_
3. Electricity, heat, and gas: \$ \_\_\_\_\_
4. Water, sewer, and garbage collection: \$ \_\_\_\_\_
5. Cable/internet/phone package: \$ \_\_\_\_\_
6. Cell phone(s): \$ \_\_\_\_\_
7. Food and housekeeping: \$ \_\_\_\_\_
8. Childcare, babysitting, and children's education costs: \$ \_\_\_\_\_
9. Clothing: \$ \_\_\_\_\_
10. Laundry and dry cleaning: \$ \_\_\_\_\_
11. Personal care: \$ \_\_\_\_\_
12. Medical and dental expenses: \$ \_\_\_\_\_
13. Transportation (gas, tolls, maintenance, and public transportation): \$ \_\_\_\_\_
14. Entertainment, recreation, newspapers, and magazines, and books: \$ \_\_\_\_\_
15. Charitable contributions: \$ \_\_\_\_\_
16. Insurance (*do not include payroll deductions*):
  - a. Life: \$ \_\_\_\_\_
  - b. Health: \$ \_\_\_\_\_
  - c. Vehicle: \$ \_\_\_\_\_
  - d. Other: \$ \_\_\_\_\_
17. Tax payment plans: \$ \_\_\_\_\_
18. Car payment for vehicle 1: \$ \_\_\_\_\_
19. Car payment for vehicle 2: \$ \_\_\_\_\_
20. Student loan payment: \$ \_\_\_\_\_
21. Other installment payments: \$ \_\_\_\_\_
22. Child support/alimony/maintenance (*do not include payroll deductions*): \$ \_\_\_\_\_
23. Payments to support family not living with you: \$ \_\_\_\_\_
24. Other expense: \$ \_\_\_\_\_ (specify \_\_\_\_\_)
25. Other expense: \$ \_\_\_\_\_ (specify \_\_\_\_\_)

**TOTAL MONTHLY EXPENSES: \$ \_\_\_\_\_**