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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: \$_____