

Mailed/Given to Client: \_\_\_\_\_

Please Return By: \_\_\_\_\_

**PATTERSON, HANNA & ASSOCIATES**

**INCOME AND EXPENSE DECLARATION WORKSHEET**

Please complete this form and return it to this office on or before the date indicated above. When returning this worksheet, please provide copies of your last two months paycheck stubs and your last w2 form.

**PERSONAL INFORMATION:**

Full Name:	
Current Home Address:	
Phone No.	
Date of Birth/Age:	
Social Security No. (for our file only)	
Completed High School:	<input type="checkbox"/> Yes <input type="checkbox"/> No      If No, Highest Grade Completed:
Years of College:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Years of Graduate School/Degree:	<input type="checkbox"/> Yes <input type="checkbox"/> No      Define:
Vocational License or Training (Professional/Occupational/Vocational)	<input type="checkbox"/> Yes <input type="checkbox"/> No      Define:
(if yes please list)	

**EMPLOYER INFORMATION:**

Employer Name:	
Position:	
Employer Address:	
Employer Phone No.:	
Date Job Started:	
Hours Worked (per week):	
Rate of Pay (gross):	

**TAX INFORMATION:**

Last Year Filed Taxes:	
Tax Status:	<input type="checkbox"/> Single <input type="checkbox"/> Head of Household <input type="checkbox"/> Married- Separate <input type="checkbox"/> Married- Jointly with _____
State filed in:	
Exemptions:	

Estimate Other Parties Income:	
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**INCOME:**

	Last Month	Last Year
Salary or Wages		
Overtime		
Commissions or Bonuses		
Public Assistance		
Spousal Support		
Partner Support		
Pension/Retirement		
Social Security Retirement		
Disability		
Unemployment		
Worker's Compensation		
Other		
<b>INVESTMENT INCOME</b>		
Dividends/Interest		
Rental Property Income		
Trust Income		
Other		

<b>SELF EMPLOYMENT INCOME</b> (after business expenses)
I am the <input type="checkbox"/> owner/sole proprietor <input type="checkbox"/> business partner <input type="checkbox"/> other
Number of Years in this business:
Name of Business:

Type of Business:	
Personal Expenses Paid by Business (i.e., Auto, Insurance, Entertainment, etc.)	

<b>OTHER</b>	
Additional Income:	
Define Recent Change in Financial Situation/Income:	

<b>DEDUCTIONS</b>	
Required Union Dues:	
Mandatory Retirement:	
Medical, Dental or other Health Insurance:	
Child Support (another relationship):	
Spousal Support (another marriage):	
Partner Support (another partnership):	
Necessary Job Related Expenses: (not reimbursed by employer)	

<b>ASSETS</b>	
Cash & Checking Accounts, Savings Accounts, Credit Union Accounts, Money Market Accounts, and other Deposit Accounts (TOTAL ALL ACCOUNTS)	
Stocks, Bonds & Other Assets easily sold (ESTIMATED TOTAL VALUE)	
All Other Property (ESTIMATE) <input type="checkbox"/> Real <input type="checkbox"/> Personal	

<b>PERSONS LIVING IN RESIDENCE</b> (including your self)				
NAME	AGE	RELATION TO ME (i.e. son, daughter)	MONTHLY INCOME	PAY SOME OF HOUSEHOLD EXPENSES
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

**MY LISTED MONTHLY EXPENSES ARE:** Estimated Actual Proposed Needs**HOUSING**

Rent:

Mortgage:

Payment Principle:

Payment Interest:

2<sup>nd</sup> Mortgage:

Payment Principle:

Payment Interest:

Real Property Taxes:

Homeowners or Renters Insurance:

Maintenance and Repair:

**LIVING (average monthly)**Health-care costs **NOT** covered by Insurance:

Child Care:

Groceries:

Household Supplies:

Eating Out:

**UTILITIES**

Gas

Water

Electric

Trash

**OTHER**

Telephone:

Cell Phone:

Internet:

Laundry and Dry Cleaning:

Clothing:

Education: <input type="checkbox"/> Yourself <input type="checkbox"/> Child(ren)	
Entertainment:	
Gift (i.e., Christmas, Birthdays, Friends, etc.):	
Vacation:	
Auto Expenses: (insurance, gas, repairs, bus, etc.)	
Insurance (life and accident): (do NOT include auto, home or health)	
Savings and Investments:	
Charitable Contributions/Church:	
<b>OTHER MONTHLY EXPENSES</b>	
Beauty Products, Treatments, Hair:	
Tobacco Products:	
Gym Membership:	
Newspaper:	
Magazine Subscriptions:	
Other:	
a.	
b.	
c.	

<b>ITEMIZED MONTHLY EXPENSES</b>				
Credit Cards:	For	Monthly Payment	Balance	Date of last Payment
a.				
b.				
c.				
d.				
Vehicle Loans:				
a.				
b.				