

# CONFIDENTIAL SPENDING REVIEW

| <u>ITEM</u>                                  | <u>MONTHLY</u> | <u>ANNUAL</u> |
|--|----------------|---------------|
| <b>HOUSING</b>                               |                |               |
| House payment                                | _____          | _____         |
| Rent payment                                 | _____          | _____         |
| Lease payment (not mortgage)                 | _____          | _____         |
| Property improvements                        | _____          | _____         |
| Home association dues                        | _____          | _____         |
| Household incidentals (supplies)             | _____          | _____         |
| Household furnishings                        | _____          | _____         |
| Other: _____                                 | _____          | _____         |
| Other: _____                                 | _____          | _____         |
| Subtotal:                                    | _____          | _____         |
| <b>FOOD</b>                                  |                |               |
| Groceries                                    | _____          | _____         |
| Dining out                                   | _____          | _____         |
| Other: _____                                 | _____          | _____         |
| Other: _____                                 | _____          | _____         |
| Subtotal:                                    | _____          | _____         |
| <b>CLOTHING</b>                              |                |               |
| Clothing                                     | _____          | _____         |
| Dry cleaning                                 | _____          | _____         |
| Other: _____                                 | _____          | _____         |
| Other: _____                                 | _____          | _____         |
| Subtotal:                                    | _____          | _____         |
| <b>PERSONAL CARE</b><br>(hair styling, etc.) |                |               |
| Other: _____                                 | _____          | _____         |
| Subtotal:                                    | _____          | _____         |
| <b>AUTOMOBILE</b>                            |                |               |
| Monthly payment                              | _____          | _____         |
| Operating expenses (gas, oil, etc.)          | _____          | _____         |
| Maintenance                                  | _____          | _____         |
| Lease payment                                | _____          | _____         |
| Other: _____                                 | _____          | _____         |
| Subtotal:                                    | _____          | _____         |

**ITEM**

**MONTHLY**

**ANNUAL**

**PROPERTY TAX**

|              |       |       |
|--------------|-------|-------|
| Automobile   | _____ | _____ |
| House        | _____ | _____ |
| Boat         | _____ | _____ |
| Trailer      | _____ | _____ |
| Other: _____ | _____ | _____ |
| Subtotal:    | _____ | _____ |

**UTILITIES**

|                |       |       |
|----------------|-------|-------|
| Telephone      | _____ | _____ |
| Cellular Phone | _____ | _____ |
| Water          | _____ | _____ |
| Electric       | _____ | _____ |
| Gas            | _____ | _____ |
| Trash removal  | _____ | _____ |
| Cable          | _____ | _____ |
| Other: _____   | _____ | _____ |
| Other: _____   | _____ | _____ |
| Subtotal:      | _____ | _____ |

**ENTERTAINMENT**

|                                      |       |       |
|--------------------------------------|-------|-------|
| Books                                | _____ | _____ |
| Newspaper                            | _____ | _____ |
| Movies (theatre, video, plays, etc.) | _____ | _____ |
| Club dues (golf, music, etc.)        | _____ | _____ |
| Other: _____                         | _____ | _____ |
| Other: _____                         | _____ | _____ |
| Subtotal:                            | _____ | _____ |

**PROFESSIONAL EXPENSES**

|                |       |       |
|----------------|-------|-------|
| Travel         | _____ | _____ |
| Vehicle rental | _____ | _____ |
| Parking        | _____ | _____ |
| Lodging        | _____ | _____ |
| Meals          | _____ | _____ |
| Entertainment  | _____ | _____ |
| Other: _____   | _____ | _____ |
| Other: _____   | _____ | _____ |
| Subtotal:      | _____ | _____ |

**ALIMONY (paid)**

|           |       |       |
|-----------|-------|-------|
| Subtotal: | _____ | _____ |
|-----------|-------|-------|

**CHILD SUPPORT (paid)**

|           |       |       |
|-----------|-------|-------|
| Subtotal: | _____ | _____ |
|-----------|-------|-------|

**ITEM**

**MONTHLY**

**ANNUAL**

**CHILD CARE**

Daycare

Domestic help (babysitter)

Other: \_\_\_\_\_

Subtotal:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**GIFTS**

Birthdays

Christmas

Anniversaries

Other: \_\_\_\_\_

Other: \_\_\_\_\_

Subtotal:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CHARITABLE CONTRIBUTIONS**

(Churches, schools, etc.)

Other: \_\_\_\_\_

Other: \_\_\_\_\_

Subtotal:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MEDICAL EXPENSES**

Doctor visit co-pay

Prescription co-pay

Dental care

Vision care

Other: \_\_\_\_\_

Subtotal:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**INSURANCE**

Health

Automobile

Homeowners

Renters

Life

Umbrella liability

Professional liability

Other: \_\_\_\_\_

Other: \_\_\_\_\_

Subtotal:

\_\_\_\_\_  
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