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Part 5: Your Income & Expenses

① DEPENDENTS & SUPPORT List all of your dependents and any income you receive for their care. No Dependents.

DEPENDENTS:	Relationship	Age	Lives with you?	Monthly Support	Spouse's dependent?
			<input type="checkbox"/> Yes. <input type="checkbox"/> No.	\$ _____ <input type="checkbox"/> Received. <input type="checkbox"/> Paid.	<input type="checkbox"/> Yes. <input type="checkbox"/> No.
			<input type="checkbox"/> Yes. <input type="checkbox"/> No.	\$ _____ <input type="checkbox"/> Received. <input type="checkbox"/> Paid.	<input type="checkbox"/> Yes. <input type="checkbox"/> No.
			<input type="checkbox"/> Yes. <input type="checkbox"/> No.	\$ _____ <input type="checkbox"/> Received. <input type="checkbox"/> Paid.	<input type="checkbox"/> Yes. <input type="checkbox"/> No.
			<input type="checkbox"/> Yes. <input type="checkbox"/> No.	\$ _____ <input type="checkbox"/> Received. <input type="checkbox"/> Paid.	<input type="checkbox"/> Yes. <input type="checkbox"/> No.

② INCOME List the information regarding the source and amount of all of your income.

Your Employment information ↓		Your Spouse's Employment Information ↓	
Occupation:		Occupation:	
Primary Employer:		Primary Employer:	
Employer Address & Zip:		Employer Address & Zip:	
How Long at this job?	Last pay date:	How Long at this job?	Last pay date:
Paid: <input type="checkbox"/> Hourly: \$ _____/hr. <input type="checkbox"/> Salary: \$ _____/yr.		Paid: <input type="checkbox"/> Hourly: \$ _____/hr. <input type="checkbox"/> Salary: \$ _____/yr.	
Your Other Sources of Income (Monthly): ↓		Your Spouse's Other Sources of Income (Monthly): ↓	
Business (profit & loss)	\$ _____	Business (profit & loss)	\$ _____
Investments:	\$ _____	Investments:	\$ _____
Child Support/Alimony	\$ _____	Child Support/Alimony	\$ _____
Unemployment	\$ _____	Unemployment	\$ _____
Social Security	\$ _____	Social Security:	\$ _____
Food Stamps	\$ _____	Food Stamps	\$ _____
Pension/Retirement:	\$ _____	Pension/Retirement:	\$ _____
Other: (explain)	\$ _____	Other: (explain)	\$ _____

⚠ You must provide income statements & pay stubs for the full 6 months prior to the date we file you. ⚠

③ EXPENSES List your average monthly Expenses. Do not list deductions from pay here.

EXPENSES (per month)	Your Expenses ↓	Spouse's ↓ (only if separate expenses)
Rent, Mortgage, Lot Rental, or Pad Fee	\$ _____	\$ _____
Real Estate Taxes (if not paid in mortgage)	Monthly: (Annual/12) = \$ _____	Monthly: (Annual/12) = \$ _____
Property/Rental Insurance (if not included)	\$ _____	\$ _____
Home Maintenance (repairs & upkeep)	\$ _____	\$ _____
Homeowner Association or Condo dues	\$ _____	\$ _____
Second mortgage / equity loan payments	\$ _____	\$ _____
Electricity, heat, & gas (monthly average)	\$ _____	\$ _____
Water, sewer, garbage collection	\$ _____	\$ _____
Telephone, cell phone, internet, cable	\$ _____	\$ _____
Alarm System	\$ _____	\$ _____
Food & housekeeping supplies (for family)	\$ _____	\$ _____
Childcare & Child education costs	\$ _____	\$ _____
Clothing, Laundry, & Dry Cleaning	\$ _____	\$ _____
Personal Care. (Hair, supplies, barber etc.)	\$ _____	\$ _____
Medical & Dental Expenses	\$ _____	\$ _____
Transportation (gas, bus, train, taxi, etc)	\$ _____	\$ _____
Entertainment, clubs, recreation, books, etc.	\$ _____	\$ _____
Charitable / Religious donations	\$ _____	\$ _____
Life Insurance (if not deducted from pay)	\$ _____	\$ _____
Health Insurance (if not deducted from pay)	\$ _____	\$ _____
Vehicle Insurance	\$ _____	\$ _____

Personal Property Tax	Monthly: (Annual/12) = \$	Monthly: (Annual/12) = \$
Auto Payments	\$	\$
<input type="checkbox"/> Alimony or <input type="checkbox"/> Child Support Payments	\$	\$
Payments supporting others	\$	\$
Other Expenses:	\$	\$
Other Expenses:	\$	\$
Other Expenses:	\$	\$
Other Expenses:	\$	\$
Other Expenses:	\$	\$
Other Expenses:	\$	\$
Other Expenses:	\$	\$

NOTES:
Please use this section to ask any questions or to include additional information you feel we should know

Forms & additional information available online: bktab.com/current-clients