

Expense worksheet

2020 gross income: _____

	Monthly amount	
Mortgage/Rent		
Car payment		
Car insurance		
Gasoline		
Electric bill		
Gas bill		
Water bill		
Cable/phone/internet		
Cell phone bill		
Credit card bill (_____ cards total)		
Medical expenses		
Medical insurance		
Groceries		
Daycare/Babysitter		
Student loan		
Summer camp/tutoring/support services		
Various therapy (please list each therapy separately)	Therapy	Amount
Other: please list		
Other: please list		
Other: please list		
TOTAL MONTHLY EXPENSES		