



# Michael D. O'Brien & Associates, P.C.

## MONTHLY EXPENSE FORM

Client's First & Last Name: \_\_\_\_\_

Dependents:  YES  NO  
 Relationship: \_\_\_\_\_  
 Relationship: \_\_\_\_\_  
 Relationship: \_\_\_\_\_  
 Relationship: \_\_\_\_\_  
 Relationship: \_\_\_\_\_

Age: \_\_\_\_\_ Lives with:  YES  NO  
 Age: \_\_\_\_\_ Lives with:  YES  NO

Rent or 1 <sup>st</sup> Mortgage	\$
Real Estate Taxes	\$
Property, Homeowner's, or Rental Insurance	\$
Home Maintenance, Repair, and Upkeep Expenses	\$
Homeowners Association Dues	\$
Condominium Dues	\$
HELOC's (Home Equity Loans)	\$
2 <sup>nd</sup> Mortgage Payments	\$
Electricity, Heat, Natural Gas	\$
Water, Sewer, Garbage	\$
Telephone, Cell Phone, Internet, Satellite, Cable	\$
Other Utilities?	\$
Food and Housekeeping Supplies	\$
Childcare and Children's Education Costs	\$
Clothing, Laundry, Dry Cleaning	\$
Personal Care Products and Services	\$
Medical & Dental (out of Pocket)	\$

Transportation (Gas, Maintenance, Bus, Train, NOT PAYMENTS)	\$
Misc. Entertainment (Books, Movies, Streaming services)	\$
Charitable and Religious Donations	\$
Life Insurance: (Not Deducted from wages)	\$
Health Insurance (Not Deducted from wages)	\$
Vehicle Insurance	\$
Other Insurance:	\$
Other Taxes (Not Deducted from Wages)	\$
Vehicle 1	\$
Vehicle 2	\$
Payments of Alimony, Maintenance, and Support to Others	\$
Other Payments that Support Others Who Do NOT Live with You	\$
Pet Expenses	\$
Other Expenses (Provide Descriptions):	\$
	\$
	\$
	\$