



**PART A. INCOME AND EXPENSE STATEMENT**

Party A

Party B

1. Gross **monthly income** from:

Salary and wages (incl. commissions, bonuses and overtime) payable _____ weekly/monthly/etc.	\$ _____	\$ _____
Pensions and retirement.....	\$ _____	\$ _____
Social Security.....	\$ _____	\$ _____
Disability and unemployment insurance.....	\$ _____	\$ _____
Welfare/Alaska Temp. Assistance payments	\$ _____	\$ _____
Child/spousal support from prior relationship	\$ _____	\$ _____
Dividends and interest (including PFD, Alaska Native Corporation dividends, etc.).....	\$ _____	\$ _____
Rents.....	\$ _____	\$ _____
All other sources: (Specify)_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
<b>Total Monthly Income.....</b>	<b>\$ _____</b>	<b>\$ _____</b>

2. Itemize **monthly deductions** from gross income:

Income taxes.....	\$ _____	\$ _____
Social Security.....	\$ _____	\$ _____
Medicare Tax.....	\$ _____	\$ _____
Unemployment insurance.....	\$ _____	\$ _____
Medical or other insurance.....	\$ _____	\$ _____
Union or other dues.....	\$ _____	\$ _____
Retirement or pension fund.....	\$ _____	\$ _____
Savings plan.....	\$ _____	\$ _____
Other: (Specify)_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
<b>Total Deductions.....</b>	<b>\$ _____</b>	<b>\$ _____</b>

3. Net monthly income..... \$ \_\_\_\_\_ \$ \_\_\_\_\_

4. Total monthly expenses: (specify which party is presently the custodial parent of any children of this marriage and list name and relationship of all members of the household whose expenses are included)

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Total Monthly Expenses - Continued

**The court may require proof of expenses in the form of canceled checks, receipts or other documents.**

	Party A	Party B
Rent or mortgage payments (residence) .....	\$ _____	\$ _____
Real Property taxes (residence).....	\$ _____	\$ _____
Maintenance (residence).....	\$ _____	\$ _____
Food and household supplies .....	\$ _____	\$ _____
Utilities .....	\$ _____	\$ _____
Telephone.....	\$ _____	\$ _____
Laundry and cleaning.....	\$ _____	\$ _____
Clothing.....	\$ _____	\$ _____
Medical .....	\$ _____	\$ _____
Dental .....	\$ _____	\$ _____
Insurance (life, health, accident, etc.).....	\$ _____	\$ _____
Child care.....	\$ _____	\$ _____
Child/spousal support payments from prior relationship	\$ _____	\$ _____
School.....	\$ _____	\$ _____
Entertainment .....	\$ _____	\$ _____
Incidentals.....	\$ _____	\$ _____
Transportation.....	\$ _____	\$ _____
Gas, oil, repair (auto) .....	\$ _____	\$ _____
Auto payments.....	\$ _____	\$ _____

Installment payment(s) (Itemize below)

Creditor's Name	For	Balance Due		
_____		\$ _____	\$ _____	\$ _____
_____		\$ _____	\$ _____	\$ _____
_____		\$ _____	\$ _____	\$ _____
_____		\$ _____	\$ _____	\$ _____
_____		\$ _____	\$ _____	\$ _____
_____		\$ _____	\$ _____	\$ _____

Other Monthly Expenses: (Specify) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____

**Total Expenses .....** \$ \_\_\_\_\_ \$ \_\_\_\_\_

5. Other debts and obligations:

Creditor's Name	For	Date Payable	Balance Due	
			Party A	Party B
_____			\$ _____	\$ _____
_____			\$ _____	\$ _____
_____			\$ _____	\$ _____
_____			\$ _____	\$ _____
_____			\$ _____	\$ _____

**Total Other Debts.....** \$ \_\_\_\_\_ \$ \_\_\_\_\_



