

Date	Name	SSAN	Spouse Name	Home #	Rank	Organization/Work	
Address		Mon. at Loc	Years of Serv.	Work #			
		File Status	Family Size	Rank			
<b>Monthly Income</b>			<b>Deductions</b>			<b>Monthly Expenses</b>	
Base Pay		Fed Taxes		Rent/Mortgage			
BAS		State Taxes		Electric			
BAH		Social Security		Gas			
Special Pay		Medicare		Water/Tr			
Extra Net Income		SGLI/USSH		Telephone			
Spouse's Net Income		Com. Life Ins.		Cell Phone			
Child Support/Alimony		Dental Ins		Internet/pager			
Other income		MGIB		Cable TV			
Other income		AFAF/CFC		Groceries			
		Repay Advance		Meals Out			
<b>Total Family Income</b>		<b>\$ -</b>					
				<b>Total Deduct</b>		<b>\$ -</b>	
Date Due	Name of Loans/ Credit Cards/Debts	Present Balance	Amount of Payment	Interest Rate			
						Household Supplies Laundry/Dry Clean Toy / Allowances Child Care Education Car gasoline/Maint Car Insurance Glasses / Contacts Postage Entertainment Recreation Haircuts/Beauty Church/Charity Personal allowance News/Books/Rec Memberships/Dues Cigarettes/Alcohol Gifts	
						<b>Total Expenses</b> \$ -	
						% of Debt to income    #DIV/0!	
<b>Total Debts</b>		<b>\$ -</b>					
<b>Summary</b>							
Income		\$ -					
Expenses/Deductions /							
Debts		\$ -					
Surplus/Deficit		\$ -					