

Date	Name	SSAN	Spouse Name	Home #	Rank	Organization/Work	
Address		Mon. at Loc	Years of Serv.	Work #			
		File Status	Family Size	Rank			
Monthly Income		Deductions			Monthly Expenses		
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		
Total Family Income		\$ -			Total Deduct		
					\$ -		
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		
					Total Expenses		
					\$ -		
Total Debts		\$ -	\$ -				
Summary							
Income					% of Debt to income		#DIV/0!
Expenses/Deductions /							
Debts							
Surplus/Deficit							