

INCOME AND EXPENSES WORKSHEET

Month and Year	Amount of Social Security or SSI Benefits Received	Expenses for Food and Housing	Expenses for Clothing, Medical/Dental, Personal Items, Recreation, Miscellaneous
Totals for Report Period	\$ _____	\$ _____ Put this figure on line 3B of the Form SSA- 623	\$ _____ Put this figure on line 3C of the Form SSA- 623
Show the total amount of any benefits you saved for the beneficiary, including any interest earned.			\$ _____ Put this figure on line 3D of the Form SSA-- 623