

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		\$ -		Lunch (Adults)		
				Lunch (Child)		
				Clothing		
				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		\$ - \$ -		% of Debt to income #DIV/0!		
Summary						
Income		\$ -				
Expenses/Deductions / Debts		\$ -				
Surplus/Deficit		\$ -				