

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 5B of the Form SSA-623	\$ _____ Put this figure on line 5C 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 11D of the Form SSA-623