



# Michael Barnett, PA

Michael Barnett, Esq.  
Board Certified --  
Consumer Bankruptcy Law --  
American Board of Certification  
www.tampabankruptcy.com

Law Office  
Main Office & Mailing Address:  
506 N. Armenia Ave.  
Tampa, FL 33609-1703  
Appointments also available at:  
Dade City: 38100 Meridian Ave., Dade City

Tampa (813) 870-3100  
Dade City (352) 521-0190  
Facsimile (813) 877-4039  
paralegal email: [dj@tampabankruptcy.com](mailto:dj@tampabankruptcy.com)  
attorney: [mbarnett@tampabankruptcy.com](mailto:mbarnett@tampabankruptcy.com)

## BUDGET QUESTIONS

### INCOME

#### Gross Wages per Pay Period:

1. How often do you get paid?

Husband: \_\_\_\_\_ Wife: \_\_\_\_\_

2. What is the gross pay each period (before deductions)

Husband: \_\_\_\_\_ Wife: \_\_\_\_\_

3. Amount, if any, received from overtime on average paycheck:

Husband: \_\_\_\_\_ Wife: \_\_\_\_\_

4. What are the deductions per pay period for:

	<u>Husband</u>	<u>Wife</u>
(a) Payroll taxes (including social security)	\$ _____	\$ _____
(b) Insurance	\$ _____	\$ _____
(c) Union dues	\$ _____	\$ _____
(d) Other (specify)	\$ _____	\$ _____

#### Other income per month:

5. If self-employed: gross income from business: \$ \_\_\_\_\_ \$ \_\_\_\_\_

6. From real property: \$ \_\_\_\_\_ \$ \_\_\_\_\_

7. Interest and dividends: \$ \_\_\_\_\_ \$ \_\_\_\_\_

8. Social security and other government assistance: \$ \_\_\_\_\_ \$ \_\_\_\_\_

9. Pension and retirement income \$ \_\_\_\_\_ \$ \_\_\_\_\_

10. Spousal support: \$ \_\_\_\_\_ \$ \_\_\_\_\_

11. Child Support: \$ \_\_\_\_\_ \$ \_\_\_\_\_

12. Other income: specify source \$ \_\_\_\_\_ \$ \_\_\_\_\_

13. For any child support received: please write name, age, and relationship of each child for whom you receive support.

14. If you think that you income may increase or decrease more than 10% within the next year, describe why you think so, and the amount of the increase or decrease. (if you income is seasonal, put in which months are the 'good' and/or 'bad' season, and the amount of the monthly increase or decrease in income during this season.

**MONTHLY EXPENSES**

	<u>Husband</u>	<u>Wife</u>
15. Rent/mortgage payment:	\$ _____	\$ _____
Are property taxes included?	_____	_____
Is property insurance included?	_____	_____
16. Home maintenance:	\$ _____	\$ _____
17. Electricity, heating fuel:	\$ _____	\$ _____
18. Water and sewer:	\$ _____	\$ _____
19. Telephone:	\$ _____	\$ _____
20. Garbage:	\$ _____	\$ _____
21. Security:	\$ _____	\$ _____
22. Cable:	\$ _____	\$ _____
23. Other Utilities: _____	\$ _____	\$ _____
24. Food:	\$ _____	\$ _____
25. Clothing:	\$ _____	\$ _____
26. Laundry/ dry cleaning:	\$ _____	\$ _____
27. Medical/ dental:	\$ _____	\$ _____
28. Transportation:	\$ _____	\$ _____
29. Recreation/ clubs/ entertainment/ newspapers/ periodicals/ books:	\$ _____	\$ _____
30. Charitable Contributions:	\$ _____	\$ _____
31. Homeowner's/ renter's insurance:	\$ _____	\$ _____
32. Life insurance: (if not deducted from paycheck)	\$ _____	\$ _____
33. Health insurance: (if not deducted from paycheck)	\$ _____	\$ _____
34. Auto insurance:	\$ _____	\$ _____
35. Other insurance: (if not deducted from paycheck)	\$ _____	\$ _____

36. Real estate taxes: (if not  
escrowed with mortgage)      \$ \_\_\_\_\_ \$ \_\_\_\_\_

37. Other taxes: (include estimated  
quarterly taxes not deducted  
from paycheck if you pay these) \$ \_\_\_\_\_ \$ \_\_\_\_\_

38. Auto installment payments:      \$ \_\_\_\_\_ \$ \_\_\_\_\_

39. Other installment payments:  
put name of item for which  
payments are being made:

\_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

40. Child support paid:      \$ \_\_\_\_\_ \$ \_\_\_\_\_

41. Spousal support paid:      \$ \_\_\_\_\_ \$ \_\_\_\_\_

42. Other expenses:

\_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_