

IN THE CHANCERY COURT OF _____ COUNTY
THE STATE OF MISSISSIPPI

PLAINTIFF

vs.

CIVIL ACTION NUMBER: _____

DEFENDANT

INCOME AND EXPENSE STATEMENT

I. GENERAL INFORMATION

NAME: _____

ADDRESS: _____

CITY, STATE, AND ZIP CODE: _____

DATE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____

OCCUPATION: _____

EMPLOYER: _____

EMPLOYER'S ADDRESS: _____

MINOR CHILDREN:

NAME: _____ DATE OF BIRTH: _____

II. INCOME STATEMENT

As of: _____

GROSS MONTHLY INCOME	AMOUNT
1. Salary and Wages (including commissions, bonuses, allowance, and overtime) (To arrive at a monthly figure if paid weekly, multiply weekly income by 4.3, if paid bi-weekly, multiply income by 2.16)	
2. Social Security	
3. Pensions and Retirement	
4. Disability and unemployment insurance	
5. Public Assistance (welfare, AFDC payments, etc...)	
6. Dividends and interest	
7. Rental Income	
8. Other Income (specify)	
10. TOTAL MONTHLY INCOME	
ITEMIZED MONTHLY DEDUCTIONS	
11. State Income Taxes	
12. Federal Income Taxes	
13. Social Security	
14. Mandatory Insurance	
15. Mandatory Retirement	
16. Union or other dues	
17. Medicare/FICA	
18. Other:	
19. TOTAL MONTHLY DEDUCTIONS	
20. NUMBER OF EXEMPTIONS:	
21. NET MONTHLY PAY	

III. EXPENSE STATEMENT

A. LIVING EXPENSES

	Household	Children's Portion* <small>*As a percentage of expense</small>
1. Rent/ Mortgage (Residence)		
2. Real Property Taxes		
3. Real Property Insurance		
4. Maintenance (Residence)		
5. Food/Household Supplies		
6. Water, Sewer, etc.		
7. Electricity		
8. Gas (Residence)		
9. Telephone		
10. Laundry & Cleaning		
11. Clothing		
12. Insurance (Not payroll deducted)		
13. Medical		
14. Dental		
15. Child Care		
16. Children's allowance		
17. Payment of child support/alimony		
18. Entertainment		
19. Incidentals & Miscellaneous		
20. Transportation other than vehicle		
21. Gasoline & Oil (auto)		
22. Repair (auto)		
23. Insurance (auto)		
24. Auto Payments		

25. Church donations		
26. Charitable donations		
27. Newspaper/Magazines		
28. Cable TV		
29. Pet Expenses		
30. Yard Expenses		
31. Maid		
32. Retirement (IRA etc.)		
33. Pest Control		
TOTAL LIVING EXPENSES		
B. Installment Payments: Notes, Loans, Charge Accounts, Etc....		
34.		
35.		
36.		
37.		
38.		
C. OTHER EXPENSES:		
39.		
40.		
41.		
42.		
43.		
TOTAL INSTALLMENT PAYMENTS:		
COMBINED TOTAL EXPENSES:		

IV. STATEMENT OF ASSETS

A. REAL ESTATE

Title in the name of:	
Address:	
Who paid costs:	
How cost paid:	
Value (estimate):	
Mortgage balance:	
Equity:	

Note: List mortgage balance also under liabilities on the next page. List the amount of your monthly payment only under liabilities.

B. MOTOR VEHICLES

Registered in the name of:	
Year, Model, Make, Mileage:	
Who paid cost:	
How cost paid:	
Value:	
Loan Balance:	
Equity:	

Registered in the name of:	
Year, Model, Make, Mileage:	
Who paid cost:	
How cost paid:	
Value:	
Loan Balance:	
Equity:	

C. OTHER PERSONAL PROPERTY: (such as home computers, guns, lawnmowers, TVs, jewelry, household furnishings, etc)

ITEM	VALUE

D. CHECKING/SAVINGS: (name of Bank, account number and amount in account, including CD's, money markets, passbook accounts, etc.)

NAME(S) ON ACCT.	BANK ACCT. NO.	TYPE OF ACCT.	BALANCE

E. OTHER INVESTMENTS: (IRA's, stock(s), mutual funds, pension plans, etc.)

ACCOUNT NO.	TYPE OF ACCOUNT	BALANCE

F. LIFE INSURANCE: (excluding children)

INSURED	COMPANY	AMOUNT (less loans)	CASH VALUE	BENEFICIARY

G. ALL OTHER ASSETS:

ITEM	VALUE

V. STATEMENT OF LIABILITIES

II. **LIABILITIES:** (include mortgage, car loan, credit cards, and personal loans)

CREDITOR	WHOSE NAME	CURRENT BALANCE	MONTHLY PAYMENT	WHO PAYS
TOTAL				

ACKNOWLEDGMENT OF TRUTHFULNESS

I declare to the court that the foregoing instrument including attachments, are true and correct and that this declaration was executed on the ____ day of _____, A.D. 2011.

PARTY'S SIGNATURE

IN THE CHANCERY COURT OF _____ COUNTY

THE STATE OF MISSISSIPPI

PLAINTIFF

vs.

CIVIL ACTION NUMBER: _____

DEFENDANT

CERTIFICATE OF COMPLIANCE

I, _____, do hereby certify that I have this date complied with Rule 8.05 of the Chancery Court Rules and that I have mailed and/or delivered a copy of a detailed written statement of income and expenses and assets and liabilities to the attorney for the opposing party or the opposing party.

SO CERTIFIED on this the _____ day of _____, 2011.

ATTORNEY

EMPLOYMENT HISTORY

The following is a general statement of the employment history and earnings form the inception of the marriage or the date of the divorce which ever is applicable:

Employment	Dates (inclusive)	Rate of Pay

Submitted, this the ____ day of _____, 201__.

FEDERAL AND STATE TAX RETURNS FOR THE CURRENT YEAR

(Attach to this document)

Submitted, this the ____ day of _____, 201__.
