



**SFS Tax Problem Solutions**  
738 Colorado Ave  
Stuart, FL 34994-3005  
PH: 772-337-1040 Fax: 772-337-1041

## NECESSARY LIVING EXPENSES

Including you, your spouse, your dependents, how many legal dependents are in your household? \_\_\_\_\_

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For the following amounts, please use the **average monthly** amounts for the past immediate **THREE** (3) months. If these are not indicative of your bills (i.e., higher electric in the summer months), please use a **SIX** (6) month average. Use the same time-frame for all expenses (i.e., not three months for rent and 6 for utilities)

(1) **Housing and Utilities:**

Rent Per month \$ \_\_\_\_\_

Mortgage First \$ \_\_\_\_\_

Second \$ \_\_\_\_\_

Property Taxes \$ \_\_\_\_\_

Homeowners or Renter's Insurance \$ \_\_\_\_\_

Homeowner's Association Dues \$ \_\_\_\_\_

Parking \$ \_\_\_\_\_

Maintenance and Repairs \$ \_\_\_\_\_

Utilities

Gas \$ \_\_\_\_\_ Electricity \$ \_\_\_\_\_

Trash/Garbage \$ \_\_\_\_\_ Cable \$ \_\_\_\_\_

Water \$ \_\_\_\_\_ Other Fuels \$ \_\_\_\_\_

Basic Telephone \$ \_\_\_\_\_ Security \$ \_\_\_\_\_



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**(2) Transportation Costs:**

Describe Vehicle      Owned or Leased      Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

If there is more than one vehicle, copy this page and add the other vehicles, one per page

Vehicle Lease                      \$ \_\_\_\_\_

Loan Payments                      \$ \_\_\_\_\_

Vehicle Insurance                      \$ \_\_\_\_\_

Registration Fees (annual /12)                      \$ \_\_\_\_\_

Parking                                      \$ \_\_\_\_\_

Tolls    \$ \_\_\_\_\_

Fuel    \$ \_\_\_\_\_

Normal Maintenance                      \$ \_\_\_\_\_

Repairs    \$ \_\_\_\_\_

Public Transportation                      \$ \_\_\_\_\_

Taxis    \$ \_\_\_\_\_

Other Costs  
\_\_\_\_\_ \$ \_\_\_\_\_

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

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

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



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**(3) Health Care**

Health Insurance

Through Payroll Deductions (pre-tax) \$ \_\_\_\_\_

Through Payroll Deductions (after-tax) \$ \_\_\_\_\_

Outside of Payroll Deductions (after-tax) \$ \_\_\_\_\_

Out of pocket medical expenses

Prescriptions \$ \_\_\_\_\_

Doctors/Eyes/Chiro/Dentists \$ \_\_\_\_\_

Labs/Tests/Hospitals \$ \_\_\_\_\_

**(4) Other Expenses**

Court Ordered Payments

Alimony \$ \_\_\_\_\_

Child Support \$ \_\_\_\_\_

Child Care \$ \_\_\_\_\_

Term Life Insurance \$ \_\_\_\_\_

**Secured Loans** (including student loans)

If there is more than one loan, copy this page and add the other loans, one per page

Lender \_\_\_\_\_

Balance Owed as of \_\_\_\_/\_\_\_\_/\_\_\_\_ \$ \_\_\_\_\_

Due Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Monthly Payment \$ \_\_\_\_\_



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**(5) Household Income**

Item	Husband	Wife	Household Total
Gross Wages			
Gross Wages			
Self Employment NET Income			
Pension			
Social Security			
Gross Rental Income			
Gross Rental Expenses			
Alimony Received			
Child Support			
Other _____			
Other _____			
Other _____			

**(6) Taxes Monthly**

Item	Husband	Wife	Household Total
Federal Income			
State Income			
Social Security			
Medicare			
Local Income			
Other _____			
Other _____			



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**(7) Assets Owned**

Primary Home

Fair Market Value \$ \_\_\_\_\_

Balance of Mortgage – First \$ \_\_\_\_\_

Balance of Mortgage – Second \$ \_\_\_\_\_

Vacation Home

Fair Market Value \$ \_\_\_\_\_

Balance of Mortgage – First \$ \_\_\_\_\_

Balance of Mortgage – Second \$ \_\_\_\_\_

Rental Home

Fair Market Value \$ \_\_\_\_\_

Balance of Mortgage – First \$ \_\_\_\_\_

Balance of Mortgage – Second \$ \_\_\_\_\_

Rental Home

Fair Market Value \$ \_\_\_\_\_

Balance of Mortgage – First \$ \_\_\_\_\_

Balance of Mortgage – Second \$ \_\_\_\_\_

Use a separate Sheet for additional properties

Fair Market Value of Personal Items \$ \_\_\_\_\_

Fair Market Value of Precious Jewelry and Other Collectibles \$ \_\_\_\_\_