

EXHIBIT B

No. _____

_____) IN THE DISTRICT COURT
)
VS.) _____ JUDICIAL DISTRICT
)
_____) COUNTY, TEXAS

INCOME AND EXPENSE SHEET
OF _____ (name of party)

_____ (name) submits this Income and Expense Sheet, as follows:

Income

1. *Monthly Income:* Attach copies of your 4 most recent pay stubs from all employers for the last 12 months and provide the following information:

Employer 1: _____
Payroll address: _____

Total Monthly Gross Income from this employer:----- \$ _____

Employer 2: _____
Payroll address: _____

Total Monthly Gross Income from this employer:----- \$ _____

2. Withholding from monthly income from Employer 1:

Federal income tax ----- \$ _____
Social Security (FICA)-- \$ _____
Medicare----- \$ _____
Union dues----- \$ _____
Uniforms----- \$ _____
Retirement/pension----- \$ _____
Health insurance----- \$ _____
Life insurance----- \$ _____
Dental insurance----- \$ _____
Vision insurance----- \$ _____

TOTAL----- \$ _____

Total Monthly Net Income from this employer:----- \$ _____

Withholding from monthly income from Employer 2:

Federal income tax -----	\$ _____
Social Security (FICA)--	\$ _____
Medicare-----	\$ _____
Union dues-----	\$ _____
Uniforms-----	\$ _____
Retirement/pension-----	\$ _____
Health insurance-----	\$ _____
Life insurance-----	\$ _____
Dental insurance-----	\$ _____
Vision insurance-----	\$ _____
TOTAL-----	\$ _____

Total Monthly Net Income from this employer:----- \$ _____

3. Other Deductions from Monthly Income:

_____	\$ _____
_____	\$ _____
_____	\$ _____

4. In the past 12 months have you received a bonus? ___ Yes ___ No

If yes, state the following:

Date you received the bonus: _____

Amount of bonus: \$ _____

How often do you receive a bonus? ___ annually ___ Bi-annually ___ Monthly

5. In the past 12 months have you received overtime pay? ___ Yes ___ No

If yes, state the following:

Total overtime income: \$ _____

6. If you receive benefits/perks through your employment, please check all that apply:

- Automobile
- Free Parking
- Fuel Reimbursement
- Automobile Maintenance
- Free health insurance
- Free life insurance
- Cell phone
- Other: _____

7. Are you currently under court orders to pay child support or spousal support? Yes
 No

If yes, attach a copy of the order and state the following:

Amount of child support: \$ _____

Number of children: _____

Amount of spousal support: \$ _____ Date spousal support ends: _____

8. Are you currently or within the past 12 months have you been self-employed? Yes
 No

If yes, attach a copy of your bank statements for the past 12 months, a copy of your most recent federal income tax return with all schedules and attachments, and any 1099s you have received within the past 12 months.

9. In the past 12 months have you been unemployed, become disabled or begun to receive social security or retirement benefits? Yes No

If yes, check the following that you have received:

<input type="checkbox"/> Unemployment benefits	Amount received: \$ _____	How often: _____
<input type="checkbox"/> Disability benefits	Amount received: \$ _____	How often: _____
<input type="checkbox"/> Social security	Amount received: \$ _____	How often: _____
<input type="checkbox"/> Pension/retirement	Amount received: \$ _____	How often: _____
<input type="checkbox"/> Workers Compensation	Amount received: \$ _____	How often: _____

10. *Non-employment income:*

Please check all that you receive or have received in the past 12 months:

<input type="checkbox"/> Interest Income	Amount received: \$ _____
<input type="checkbox"/> Dividend Income	Amount received: \$ _____
<input type="checkbox"/> Royalty Income	Amount received: \$ _____
<input type="checkbox"/> Rental Income	Amount received: \$ _____
<input type="checkbox"/> Trust Income	Amount received: \$ _____
<input type="checkbox"/> Gifts	Amount received: \$ _____
<input type="checkbox"/> Prizes	Amount received: \$ _____
<input type="checkbox"/> Gambling or Lotto	Amount received: \$ _____
<input type="checkbox"/> Alimony	Amount received: \$ _____
<input type="checkbox"/> Child support	Amount received: \$ _____
<input type="checkbox"/> Other: _____	Amount received: \$ _____

Expenses

1. For the following monthly expenses provide the average monthly amount you have paid over the past 12 months:

Mortgage/Rent	\$ _____
Utilities	\$ _____
Home insurance	\$ _____
Telephone (Land)	\$ _____
Cell phone	\$ _____
TV cable	\$ _____
Internet access	\$ _____
Groceries	\$ _____
Eating out	\$ _____
Clothing for yourself	\$ _____
Clothing for children	\$ _____
Dry cleaning/laundry	\$ _____
Car payment	\$ _____
Car insurance	\$ _____
Gasoline	\$ _____
Car repairs	\$ _____
Parking	\$ _____
Medical/dental	\$ _____
Prescription drugs	\$ _____
Health insurance	\$ _____
Dental insurance	\$ _____
Disability insurance	\$ _____
Personal care items	\$ _____
Pet expenses	\$ _____
Church donations	\$ _____
School expenses	\$ _____
Credit cards	\$ _____
Other:	
_____	\$ _____
_____	\$ _____
_____	\$ _____
 TOTAL	 \$ _____

2. With respect to the expenses you have itemized above, does any other person or entity contribute to the payment of these expenses, i.e., roommates, parents, boyfriend/girlfriend, employer, spouse? Yes No
If yes, provide the follow information:

For which expense(s) did someone contribute? _____

Who contributed? (Provide name, complete address and telephone number):

TOTAL INCOME FROM ALL SOURCES: \$ _____

TOTAL OF ALL EXPENSES: \$ _____

Verification

I, _____ (*your name*), state on oath that, to the best of my knowledge and belief, this Income and Expense Sheet is a true and complete listing of my income and expenses.

Printed name: _____

SUBSCRIBED AND SWORN TO before me the undersigned notary public on this _____ day of _____, 20__.

NOTARY PUBLIC, STATE OF TEXAS