

**EXHIBIT B**

No. \_\_\_\_\_

_____	)	IN THE DISTRICT COURT
	)	
VS.	)	____ JUDICIAL DISTRICT
	)	
_____	)	BEXAR 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

\_\_\_\_ 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 have received:*

\_\_\_ Unemployment benefits Amount received: \$ \_\_\_\_\_ How often: \_\_\_\_\_

\_\_\_ Disability benefits Amount received: \$ \_\_\_\_\_ How often: \_\_\_\_\_

\_\_\_ Social security Amount received: \$ \_\_\_\_\_ How often: \_\_\_\_\_

\_\_\_ Pension/retirement Amount received: \$ \_\_\_\_\_ How often: \_\_\_\_\_

\_\_\_ Workers Compensation Amount received: \$ \_\_\_\_\_ How often: \_\_\_\_\_

10. *Non-employment income:*

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

\_\_\_ Interest Income Amount received: \$ \_\_\_\_\_

\_\_\_ Dividend Income Amount received: \$ \_\_\_\_\_

\_\_\_ Royalty Income Amount received: \$ \_\_\_\_\_

\_\_\_ Rental Income Amount received: \$ \_\_\_\_\_

\_\_\_ Trust Income Amount received: \$ \_\_\_\_\_

\_\_\_ Gifts Amount received: \$ \_\_\_\_\_

\_\_\_ Prizes Amount received: \$ \_\_\_\_\_

\_\_\_ Gambling or Lotto Amount received: \$ \_\_\_\_\_

\_\_\_ Alimony Amount received: \$ \_\_\_\_\_

\_\_\_ Child Support Amount received: \$ \_\_\_\_\_

\_\_\_ 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:	
_____	\$ _____
_____	\$ _____
_____	\$ _____
<b>TOTAL</b>	\$ _____

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 following 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