Income Worksheet

Date: _____	In	Out
Gross Earned Income per Pay Period	**$** _____	
Taxes		
▪ Federal		$ _____
▪ State		$ _____
▪ Local/City		$ _____
▪ Social Security – FICA		$ _____
▪ Medicare		$ _____
Total Taxes Withheld		**$** _____
Other Deductions		
▪ Medical insurance		$ _____
▪ Life insurance		$ _____
▪ Disability insurance		$ _____
▪ Dental insurance		$ _____
▪ Other insurance: _____		$ _____
▪ Flexible spending account FSA (sec 125)		$ _____
▪ Health savings account HSA		$ _____
▪ Retirement plan: 401(k), 403(b), 457 or other		$ _____
▪ Retirement plan loan repayment		$ _____
▪ Dues: _____		$ _____
▪ Other: _____		$ _____
▪ Other: _____		$ _____
Total of Other Payroll Deductions		**$** _____
Net Income per Pay Period Gross Earned Income - Taxes and Deductions	**$** _____	
Number of Pay Periods per Month	_____	
Monthly Net Earned Income Net income per Pay Period x Pay Periods per Month	**$** _____	
Other Income		
▪ Social Security	$ _____	
▪ Pension benefits	$ _____	
▪ Annuity payments	$ _____	
▪ Interest income from investments	$ _____	
▪ Dividend income from investments	$ _____	
▪ Child / Spousal support	$ _____	
▪ Other: _____	$ _____	
▪ Other: _____	$ _____	
Total Other Income	**$** _____	
Total Monthly Income Monthly Net Earned Income + Total Other Income	**$** _____	