

Commonwealth of Massachusetts

The Trial Court

Probate and Family Court Department

Division

Docket No.

FINANCIAL STATEMENT (LONG FORM)

v.

Plaintiff / Petitioner

Defendant / Petitioner

INSTRUCTIONS: This financial statement should be completed if your income equals or exceeds \$75,000.00 or if ordered by the court. All items on both sides of this form must be addressed either with the appropriate amount or the word "none" inserted for items that are not applicable to your personal situation. Additional sheets may be attached to supplement any item. You must complete and attach Schedule A if you are self-employed or have other business income, and/or Schedule B if you own rental property.

I. PERSONAL INFORMATION

Your name, Address, Telephone Number, Occupation, Employer, Employer's Address, Social Security Number, Date of Birth, Age, Employer's Telephone No., Do you have health insurance?, Do you have any natural, adopted, stepchild(ren), foster child(ren) or child(ren) of partners who are living in your household half time or more?

II. GROSS WEEKLY INCOME / RECEIPTS FROM ALL SOURCES (strike inapplicable words)

a) Base pay, salary, wages; b) Overtime; c) Part-time job; d) Self-employment (attach a completed Schedule A); e) Tips; f) Commissions - Bonuses; g) Dividends - interest; h) Income from trusts and annuities; i) Pension and retirement funds; j) Social Security; k) Disability, unemployment or worker's compensation; l) Public Assistance; m) Child Support - Alimony (actually received); n) Rental income (attach completed Schedule B); o) Royalties and other rights; p) Contributions from household member(s); q) Other (specify); Total ADDITIONAL weekly income/receipts from schedule, if any; TOTAL GROSS WEEKLY INCOME / RECEIPTS (Add items a-q)

**III. WEEKLY DEDUCTIONS FROM GROSS INCOME**

**TAX WITHHOLDING**

a) Federal tax withholding / estimated payments \$ \_\_\_\_\_  
Number of withholding allowances claimed \_\_\_\_\_

b) State tax withholding / estimated payments \$ \_\_\_\_\_  
Number of withholding allowances claimed \_\_\_\_\_

**OTHER DEDUCTIONS**

c) F.I.C.A. \_\_\_\_\_ \$ \_\_\_\_\_

d) Medicare \_\_\_\_\_ \$ \_\_\_\_\_

e) Medical Insurance \_\_\_\_\_ \$ \_\_\_\_\_

f) Union Dues \_\_\_\_\_ \$ \_\_\_\_\_

g) Child Support \_\_\_\_\_ \$ \_\_\_\_\_

h) Spousal Support \_\_\_\_\_ \$ \_\_\_\_\_

i) Retirement \_\_\_\_\_ \$ \_\_\_\_\_

j) Savings \_\_\_\_\_ \$ \_\_\_\_\_

k) Deferred Compensation \_\_\_\_\_ \$ \_\_\_\_\_

l) Credit Union (Loan) \_\_\_\_\_ \$ \_\_\_\_\_

m) Credit Union (Savings) \_\_\_\_\_ \$ \_\_\_\_\_

n) Charitable Contributions \_\_\_\_\_ \$ \_\_\_\_\_

o) Life Insurance \_\_\_\_\_ \$ \_\_\_\_\_

p) Other (specify) \_\_\_\_\_ \$ \_\_\_\_\_

q) Other (specify) \_\_\_\_\_ \$ \_\_\_\_\_

r) Other (specify) \_\_\_\_\_ \$ \_\_\_\_\_

**Total ADDITIONAL weekly deductions, from schedule , if any** \_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL WEEKLY DEDUCTIONS FROM PAY** (Add items a-r) \_\_\_\_\_ \$ \_\_\_\_\_

**IV. NET WEEKLY INCOME**

a) Enter total gross weekly income / receipts \$ \_\_\_\_\_

b) Enter total weekly deductions from pay \$ \_\_\_\_\_

**NET WEEKLY INCOME** (Subtract IV.(b) from IV.(a)) \_\_\_\_\_ \$ \_\_\_\_\_

**V. GROSS INCOME FROM PRIOR YEAR** \_\_\_\_\_ \$ \_\_\_\_\_

(attach copy of all W-2 and 1099 forms for prior year and Schedule A, if self-employed)

Number of years you have paid into Social Security \_\_\_\_\_

**VI. COUNSEL FEES**

Retainer amount(s) paid to your attorney(s) \$ \_\_\_\_\_

Legal fees incurred, to date, against the retainer(s) \$ \_\_\_\_\_

Anticipated range of total legal expense to prosecute this action \$ \_\_\_\_\_ 0.00 to \$ \_\_\_\_\_

**VII. WEEKLY EXPENSES NOT DEDUCTED FROM PAY**

**INSTRUCTIONS:** All expense figures must be listed by their WEEKLY total. DO NOT list expenses by their MONTHLY total. In order to compute the weekly expense, divide the monthly expense by 4.3. For example, if your rent is \$500.00 per month, divide 500 by 4.3. This will give you a weekly expense of \$116.28. Do not duplicate weekly expenses. Strike inapplicable words.

Rent	_____	\$ _____
Mortgage (P & I, Taxes / Insurance, if escrowed)	_____	\$ _____
Property taxes and assessment	_____	\$ _____
Homeowner's Insurance	_____	\$ _____
Tenant's Insurance	_____	\$ _____
Maintenance Fees - Condominium Fees	_____	\$ _____
Maintenance / Repairs	_____	\$ _____
Heat (Type:)	_____	\$ _____
Electricity	_____	\$ _____
Propane / Natural Gas	_____	\$ _____
Telephone	_____	\$ _____
Water / Sewer	_____	\$ _____
Food	_____	\$ _____
House Supplies	_____	\$ _____
Laundry	_____	\$ _____
Dry cleaning	_____	\$ _____
Clothing	_____	\$ _____
Life insurance	_____	\$ _____
Medical insurance	_____	\$ _____
Uninsured medical - dental expenses	_____	\$ _____
Incidentals / toiletries	_____	\$ _____
Motor vehicle expenses	_____	\$ _____
Fuel	_____	\$ _____
Insurance	_____	\$ _____
Maintenance	_____	\$ _____
Loan payment(s)	_____	\$ _____
Entertainment	_____	\$ _____
Vacation	_____	\$ _____
Cable TV	_____	\$ _____
Child Support (attach a copy of the order, if issued by a different court)	_____	\$ _____
Child(ren)'s Day Care Expense	_____	\$ _____
Child(ren)'s Education	_____	\$ _____
Education (self)	_____	\$ _____
Employment related expenses (which are not reimbursed)	_____	\$ _____
Uniforms	_____	\$ _____
Travel	_____	\$ _____
Required continuing education	_____	\$ _____
Other (specify) _____	_____	\$ _____
Lottery tickets	_____	\$ _____
Charitable contributions / Church giving	_____	\$ _____
Child(ren)'s allowance	_____	\$ _____
Extraordinary travel expenses for visitation with child(ren)	_____	\$ _____
Other (specify) _____	_____	\$ _____
Other (specify) _____	_____	\$ _____
Other (specify) _____	_____	\$ _____
<b>Total ADDITIONAL weekly expenses from schedule , if any</b>	_____	\$ _____
<b>TOTAL WEEKLY EXPENSES NOT DEDUCTED FROM PAY</b>	_____	\$ _____



**VIII. ASSETS CONTINUED**

**C. PENSIONS**

	<b>Institution</b>	<b>Account Number</b>	<b>Listed Beneficiary</b>	<b>Current Balance / Value</b>
Defined Benefit Plan				
Defined Contribution Plan				

**D. OTHER ASSETS.** List assets which are held individually, jointly, in the name of another person for your benefit, or held by you for the benefit of your minor child(ren). (List particulars as indicated, e.g., institution/plan name(s) and account number(s), named beneficiaries and current balances, if applicable.)

	<b>Institution</b>	<b>Account Number</b>	<b>Listed Beneficiary</b>	<b>Current Balance</b>
Checking Account(s)				
Savings Accounts(s)				
Cash on Hand				
Certificate(s) of Deposit				
Credit Union Account(s)				
Funds Held in Escrow				
Stocks				
Bonds				
Bond Fund(s)				
Notes Held				
Cash in Brokerage Account(s)				
Money Market Account(s)				

	Institution	Account Number	Listed Beneficiary	Current Balance
U.S. Savings Bond(s)				
IRAs				
Keough				
Profit Sharing				
Deferred Compensation				
Other Retirement Plans				
Annuity (please specify whether a tax deferred annuity or tax sheltered annuity).				
Life Insurance Cash Value (please specify whether a term or a whole/universal life insurance policy).				
Judgments/Liens				
Pending Legacies and/or Inheritances				
Jewelry				
Contents of Safe or Safe Deposit Box				
Firearms				
Collections				
Tools/Equipment				
Crops/Livestock				
Home Furnishings (value)				
Art and Antiques				
Other (specify)				
Other (specify)				
<b>Total ADDITIONAL pensions and other assets from schedule , if any</b>				

**TOTAL ASSETS**

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**CERTIFICATION BY AFFIANT**

I certify under the penalties of perjury that the information stated on this Financial Statement and the attached Schedules, if any, is complete, true and accurate. **I UNDERSTAND THAT WILLFUL MISREPRESENTATION OF ANY OF THE INFORMATION PROVIDED WILL SUBJECT ME TO SANCTIONS AND MAY RESULT IN CRIMINAL CHARGES BEING FILED AGAINST ME.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**COMMONWEALTH OF MASSACHUSETTS**

County of \_\_\_\_\_

Then personally appeared the above \_\_\_\_\_ and declared the foregoing to be true and correct, before me this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_

**INSTRUCTIONS: In any case where an attorney is appearing for a party, said attorney MUST complete the Statement by Attorney.**

**STATEMENT BY ATTORNEY**

I, the undersigned attorney, am admitted to practice law in the Commonwealth of Massachusetts -- am admitted pro hoc vice for the purposes of this case -- and am an officer of the court. As the attorney for the party on whose behalf this Financial Statement is submitted, I hereby state to the court that I have no knowledge that any of the information contained herein is false.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

Name of Attorney \_\_\_\_\_  
Please Print

Address \_\_\_\_\_

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

BBO # \_\_\_\_\_



**ADDITIONAL GROSS WEEKLY INCOME / RECEIPTS- LONG FORM (Part II., continued)**

Name: \_\_\_\_\_

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

**II. GROSS WEEKLY INCOME / RECEIPTS FROM ALL SOURCES (continued)**

<b>SOURCE</b>	<b>AMOUNT</b>
a. _____	\$ _____
b. _____	\$ _____
c. _____	\$ _____
d. _____	\$ _____
e. _____	\$ _____
f. _____	\$ _____
g. _____	\$ _____
h. _____	\$ _____
i. _____	\$ _____
j. _____	\$ _____
k. _____	\$ _____
l. _____	\$ _____
m. _____	\$ _____
n. _____	\$ _____
o. _____	\$ _____
p. _____	\$ _____
q. _____	\$ _____
r. _____	\$ _____
s. _____	\$ _____
t. _____	\$ _____
u. _____	\$ _____
v. _____	\$ _____
w. _____	\$ _____
x. _____	\$ _____
y. _____	\$ _____
<b>TOTAL <u>ADDITIONAL</u> GROSS WEEKLY INCOME / RECEIPTS</b>	<b>\$ _____</b>

**ADDITIONAL WEEKLY DEDUCTIONS FROM INCOME - LONG FORM (Part III., continued)**

Name: \_\_\_\_\_

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

**III. WEEKLY DEDUCTIONS FROM GROSS INCOME (continued)**

**OTHER DEDUCTIONS**

<b>ITEM / DESCRIPTION</b>		<b>AMOUNT</b>
a.	_____	\$ _____
b.	_____	\$ _____
c.	_____	\$ _____
d.	_____	\$ _____
e.	_____	\$ _____
f.	_____	\$ _____
g.	_____	\$ _____
h.	_____	\$ _____
i.	_____	\$ _____
j.	_____	\$ _____
k.	_____	\$ _____
l.	_____	\$ _____
m.	_____	\$ _____
n.	_____	\$ _____
o.	_____	\$ _____
p.	_____	\$ _____
q.	_____	\$ _____
r.	_____	\$ _____
s.	_____	\$ _____
t.	_____	\$ _____
u.	_____	\$ _____
v.	_____	\$ _____
w.	_____	\$ _____
x.	_____	\$ _____
y.	_____	\$ _____
<b>TOTAL <u>ADDITIONAL</u> WEEKLY DEDUCTIONS FROM PAY</b>		<b>\$ _____</b>

**ADDITIONAL WEEKLY EXPENSES - LONG FORM (Part VII., continued)**

Name: \_\_\_\_\_

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

**VII. WEEKLY EXPENSES NOT DEDUCTED FROM PAY** (continued)

**INSTRUCTIONS:** All expense figures must be listed by their WEEKLY total. DO NOT list expenses by their MONTHLY total. [See DOCUMENT TIPS for assistance.] Do not duplicate weekly expenses.

ITEM / DESCRIPTION		AMOUNT
a.	_____	\$ _____
b.	_____	\$ _____
c.	_____	\$ _____
d.	_____	\$ _____
e.	_____	\$ _____
f.	_____	\$ _____
g.	_____	\$ _____
h.	_____	\$ _____
i.	_____	\$ _____
j.	_____	\$ _____
k.	_____	\$ _____
l.	_____	\$ _____
m.	_____	\$ _____
n.	_____	\$ _____
o.	_____	\$ _____
p.	_____	\$ _____
q.	_____	\$ _____
r.	_____	\$ _____
s.	_____	\$ _____
t.	_____	\$ _____
u.	_____	\$ _____
v.	_____	\$ _____
w.	_____	\$ _____
x.	_____	\$ _____
y.	_____	\$ _____
<b>TOTAL <u>ADDITIONAL</u> WEEKLY EXPENSES</b>		<b>\$ _____</b>

**ADDITIONAL ASSETS (REAL ESTATE) - LONG FORM (Part VIII., continued)**

Name: \_\_\_\_\_

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

**VIII. ASSETS** (continued)

**A. REAL ESTATE**

Additional Real Estate

Address \_\_\_\_\_  
(street address) (city or town) (state) (zip)

Title held \_\_\_\_\_

Outstanding 1st mortgage \_\_\_\_\_ \$ \_\_\_\_\_  
 Outstanding 2nd mortgage or home equity loan \_\_\_\_\_ \$ \_\_\_\_\_  
 Equity \_\_\_\_\_ \$ \_\_\_\_\_  
 Purchase Price of the Property \_\_\_\_\_ \$ \_\_\_\_\_  
 Year of Purchase \_\_\_\_\_  
 Current Assessed Value of the Property \_\_\_\_\_ \$ \_\_\_\_\_  
 Date of Last Assessment \_\_\_\_\_  
 Fair Market Value of the Property \_\_\_\_\_ \$ \_\_\_\_\_

Additional Real Estate

Address \_\_\_\_\_  
(street address) (city or town) (state) (zip)

Title held \_\_\_\_\_

Outstanding 1st mortgage \_\_\_\_\_ \$ \_\_\_\_\_  
 Outstanding 2nd mortgage or home equity loan \_\_\_\_\_ \$ \_\_\_\_\_  
 Equity \_\_\_\_\_ \$ \_\_\_\_\_  
 Purchase Price of the Property \_\_\_\_\_ \$ \_\_\_\_\_  
 Year of Purchase \_\_\_\_\_  
 Current Assessed Value of the Property \_\_\_\_\_ \$ \_\_\_\_\_  
 Date of Last Assessment \_\_\_\_\_  
 Fair Market Value of the Property \_\_\_\_\_ \$ \_\_\_\_\_

Additional Real Estate

Address \_\_\_\_\_  
(street address) (city or town) (state) (zip)

Title held \_\_\_\_\_

Outstanding 1st mortgage \_\_\_\_\_ \$ \_\_\_\_\_  
 Outstanding 2nd mortgage or home equity loan \_\_\_\_\_ \$ \_\_\_\_\_  
 Equity \_\_\_\_\_ \$ \_\_\_\_\_  
 Purchase Price of the Property \_\_\_\_\_ \$ \_\_\_\_\_  
 Year of Purchase \_\_\_\_\_  
 Current Assessed Value of the Property \_\_\_\_\_ \$ \_\_\_\_\_  
 Date of Last Assessment \_\_\_\_\_  
 Fair Market Value of the Property \_\_\_\_\_ \$ \_\_\_\_\_

Additional Real Estate

Address \_\_\_\_\_  
(street address) (city or town) (state) (zip)

Title held \_\_\_\_\_

Outstanding 1st mortgage \_\_\_\_\_ \$ \_\_\_\_\_  
 Outstanding 2nd mortgage or home equity loan \_\_\_\_\_ \$ \_\_\_\_\_  
 Equity \_\_\_\_\_ \$ \_\_\_\_\_  
 Purchase Price of the Property \_\_\_\_\_ \$ \_\_\_\_\_  
 Year of Purchase \_\_\_\_\_  
 Current Assessed Value of the Property \_\_\_\_\_ \$ \_\_\_\_\_  
 Date of Last Assessment \_\_\_\_\_  
 Fair Market Value of the Property \_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL ADDITIONAL REAL ESTATE** \$ \_\_\_\_\_

**ADDITIONAL ASSETS (MOTOR VEHICLES) - LONG FORM (Part VIII., continued)**

Name: \_\_\_\_\_

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

**VIII. ASSETS** (continued)

**B. MOTOR VEHICLES**, including cars, trucks, ATVs, snowmobiles, tractors, motorcycles, boats, recreational vehicles, aircraft, farm machinery, etc.

Type	_____	_____
Make	_____	_____
Model	_____	_____
Purchase Price of Vehicle	_____	\$ _____
Year of Purchase	_____	_____
Fair Market Value	_____	\$ _____
Outstanding Loan	_____	\$ _____
Equity	_____	\$ _____
Type	_____	_____
Make	_____	_____
Model	_____	_____
Purchase Price of Vehicle	_____	\$ _____
Year of Purchase	_____	_____
Fair Market Value	_____	\$ _____
Outstanding Loan	_____	\$ _____
Equity	_____	\$ _____
Type	_____	_____
Make	_____	_____
Model	_____	_____
Purchase Price of Vehicle	_____	\$ _____
Year of Purchase	_____	_____
Fair Market Value	_____	\$ _____
Outstanding Loan	_____	\$ _____
Equity	_____	\$ _____
Type	_____	_____
Make	_____	_____
Model	_____	_____
Purchase Price of Vehicle	_____	\$ _____
Year of Purchase	_____	_____
Fair Market Value	_____	\$ _____
Outstanding Loan	_____	\$ _____
Equity	_____	\$ _____

**TOTAL ADDITIONAL MOTOR VEHICLES**      \$ \_\_\_\_\_



**ADDITIONAL LIABILITIES - LONG FORM (Part XI., continued)**

Name: \_\_\_\_\_

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

**XI. LIABILITIES (List additional liabilities not listed elsewhere) (continued)**

	CREDITOR	KIND OF DEBT	DATE INCURRED	AMOUNT DUE	WEEKLY PAYMENT
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					

**TOTAL ADDITIONAL AMOUNT DUE** \_\_\_\_\_

**TOTAL ADDITIONAL WEEKLY PAYMENTS** \_\_\_\_\_

FINANCIAL STATEMENT SCHEDULE A

Name: \_\_\_\_\_

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

MONTHLY SELF-EMPLOYMENT OR BUSINESS INCOME

GROSS MONTHLY RECEIPTS

[Empty box for Gross Monthly Receipts]

Monthly Business Expenses

Cost of goods sold \_\_\_\_\_ \$ \_\_\_\_\_

Advertising \_\_\_\_\_ \$ \_\_\_\_\_

Bad debts \_\_\_\_\_ \$ \_\_\_\_\_

Auto: \_\_\_\_\_ \$ \_\_\_\_\_

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

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

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

Registration \_\_\_\_\_ \$ \_\_\_\_\_

Commissions \_\_\_\_\_ \$ \_\_\_\_\_

Depletion \_\_\_\_\_ \$ \_\_\_\_\_

Dues and publications \_\_\_\_\_ \$ \_\_\_\_\_

Employee Benefit Programs \_\_\_\_\_ \$ \_\_\_\_\_

Freight \_\_\_\_\_ \$ \_\_\_\_\_

Insurance (other than health); please specify type of insurance: \_\_\_\_\_ \$ \_\_\_\_\_

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

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

Interest on mortgage to banks \_\_\_\_\_ \$ \_\_\_\_\_

Interest on loans \_\_\_\_\_ \$ \_\_\_\_\_

Legal and professional services \_\_\_\_\_ \$ \_\_\_\_\_

Office expenses \_\_\_\_\_ \$ \_\_\_\_\_

Laundry and cleaning \_\_\_\_\_ \$ \_\_\_\_\_

Pension and profit sharing \_\_\_\_\_ \$ \_\_\_\_\_

Rent on leased equipment \_\_\_\_\_ \$ \_\_\_\_\_

Machinery/Equipment \_\_\_\_\_ \$ \_\_\_\_\_

Other business property \_\_\_\_\_ \$ \_\_\_\_\_

Repairs \_\_\_\_\_ \$ \_\_\_\_\_

Supplies \_\_\_\_\_ \$ \_\_\_\_\_

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

Travel \_\_\_\_\_ \$ \_\_\_\_\_

Meals and entertainment \_\_\_\_\_ \$ \_\_\_\_\_

Utilities and phone \_\_\_\_\_ \$ \_\_\_\_\_

Wages \_\_\_\_\_ \$ \_\_\_\_\_

Other expenses (specify) \_\_\_\_\_ \$ \_\_\_\_\_

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

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

TOTAL MONTHLY EXPENSES

[Empty box for Total Monthly Expenses]

WEEKLY BUSINESS INCOME (Gross monthly receipts less total monthly expenses divided by 4.3) Enter this amount in Section II, line (d) of CJ-D 301-L or Section 2(b). of CJ-D 301-S.

[Empty box for Weekly Business Income]



**FINANCIAL STATEMENT SCHEDULE A - Continued**

**NATURE OF SELF-EMPLOYMENT OR BUSINESS**

1. Is this business seasonal in nature?  Yes  No
2. If a seasonal business, please specify percentage of income received and expenses incurred for each month of the year.

MONTH	PERCENTAGE OF INCOME RECEIVED	EXPENSES INCURRED
January		
February		
March		
April		
May		
June		
July		
August		
September		
October		
November		
December		

3. State whether your business accounts on calendar year basis or fiscal year basis.  Calendar  Fiscal
4. If your business accounts on a fiscal year basis, give the starting and ending dates of your chosen fiscal year.

\_\_\_\_\_ Starting

\_\_\_\_\_ Ending

5. State your gross receipts, year to date.

6. State your gross expenses year to date.

**FINANCIAL STATEMENT SCHEDULE B**

Name: \_\_\_\_\_

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

**RENT FROM INCOME PRODUCING PROPERTY**

**ANNUAL RENT RECEIVED** \_\_\_\_\_

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**ANNUAL RENTAL EXPENSES**

Advertising	_____	\$ _____
Auto and travel	_____	\$ _____
Insurance	_____	\$ _____
Cleaning and maintenance	_____	\$ _____
Commissions	_____	\$ _____
Interest on mortgage to bank	_____	\$ _____
Other interest (specify)	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
Legal and professional services	_____	\$ _____
Repairs	_____	\$ _____
Supplies	_____	\$ _____
Taxes	_____	\$ _____
Utilities	_____	\$ _____
Wages	_____	\$ _____
Other expenses (specify)	_____	\$ _____
	_____	\$ _____
	_____	\$ _____

**TOTAL ANNUAL EXPENSES** \_\_\_\_\_

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**TOTAL WEEKLY RENTAL INCOME** (Gross rent received less expenses, divided by 52).  
Enter this amount in Section II, line (n) of CJ-D 301-L or Section 2(j) of CJ-D 301-S.

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**EXPLANATORY NOTES  
TO FINANCIAL STATEMENT OF**

# Explanation of Notation

1