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INCOME				
	SOCIAL SECURITY	PENSION	INTEREST INCOME	OTHER INCOME
January				
February				
March				
April				
May				
June				
July				
August				
September				
October				
November				
December				
SUBTOTAL				
TOTAL ANNUAL INCOME:				

PLEASE NOTE: This is being provided to use as a WORKSHEET to assist you in preparing your Account of Fiduciary. These are only examples of categories. You may add/delete/modify categories to better describe your disbursements. Any TOTALS you have listed should be transferred to the appropriate column on the Account form. You must then verify each "total" amount with cancelled checks or paid receipts. This worksheet will not be made a part of your account. Thank you.

EXPENSES									
	UTILITIES	HOUSING EXP.	AUTO EXP.	FOOD	PERSONAL	LEGAL EXP.	MEDICAL & PRESCRIPTIONS	TAXES	OTHER
January									
February									
March									
April									
May									
June									
July									
August									
September									
October									
November									
December									
SUBTOTAL									
TOTAL ANNUAL EXPENSES:									

ANNUAL GAIN/(LOSS):