

**Statement of Receipts and Disbursements**

Have you this month received or become entitled to receive any amounts other than your normal income?

Circle: yes / no

Dated: \_\_\_\_\_ Signed as accurate: \_\_\_\_\_

Number of persons in family unit (\_\_\_\_\_) Month and Year: \_\_\_\_\_

	<u>You</u>	<u>Others in your family unit</u>	<u>Total</u>
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**Received in the month:**

**Business earnings** (exclude GST if you are a GST registrant):

Gross revenues.....	\$	\$	
Less expenses pertaining to the business:			
Vehicle - fuel.....	\$	\$	
Vehicle - insurance.....			
% Vehicle - repairs & maintenance.....			
Vehicle - lease payments.....			
Vehicle - purchase payments (approx. depreciation).....			
Home use - rent.....			
% Home use - utilities.....			
Home use - mortgage interest.....			
Home use - property taxes.....			
Cell phone.....			
Stationery.....			
Internet.....			
Supplies / materials.....			
Tools.....			
Advertising.....			
Dues & memberships.....			
Other.....			
Other.....			
Total business expenses.....	\$	\$	
Net business income before taxes.....	\$	\$	
Income taxes and CPP installments paid (attach receipts)...			
Net business income after taxes.....	\$	\$	

<b>Net employment earnings</b> , attach pay stubs.....	\$	\$	
<b>Pensions</b> .....			
<b>Child Tax Benefits</b> .....			
<b>Child support received</b> .....			
<b>Employment insurance</b> .....			
Other amounts (describe).....			
Total received.....	\$	\$	\$

**Subtract any non-Discretionary Disbursements** (attach receipts):

Child support paid.....	\$	\$	
Child care paid.....			
Employment-related expenses paid: (work-use portion only)			
Gas, oil & repairs.....			
Insurance.....			
Lease / purchase payments.....			

Medical condition payments .....			
Total monthly non-discretionary disbursements.....	\$	\$	\$
<b>Available Monies this month.....</b>	A	\$	B

**Subtract Other Disbursements of the Family Unit:**

Housing:

Rent .....	\$
Mortgage .....	
Property taxes / condo fees ...	
Telephone .....	
Cable .....	
Hydro .....	
Water .....	
Furniture .....	
Internet service provider .....	

Personal:

Smoking .....	
Alcohol .....	
Dining / lunches / restaurants .	
Entertainment / sports .....	
Gifts / charitable donations ...	
Allowances .....	
Cheque cashing/bank charges.	
Vitamins and supplements ....	
Dental .....	
Alarm .....	

Living:

Food & grocery .....	\$
Laundry & dry cleaning .....	
Grooming & toiletries .....	
Clothing .....	
Savings.....	

Transportation (*personal use portion*):

Car lease / payments .....	
Repairs / gas .....	
Public transportation .....	
Parking.....	

Insurance:

Vehicle .....	
House .....	
Furniture / contents .....	
Life / disability .....	
Medical Services Plan.....	

Debt payments:

To the Trustee .....	
Partner's debts .....	
To secured parties.....	

Total Discretionary Expenses .....		\$	
<b>Remaining Surplus (or Deficit) .....</b>		\$	

Other comments:

A	B	C	B-C	A/B	(A/B)*(B-C)	(1/2)*(A/B)*(B-C)
Your Income	Total Income	OSB Standards	Family Surplus	Your contribution	Your Surplus	Required Pymt
\$	\$	\$	\$	%	\$	\$

Attach to your report (a) proof of income such as pay stubs; and (b) proof of payment of any child care, child support, and medical expenses. Deliver this completed form to us by the 10th of the following month either (a) in person or (b) by mail to KEN & ASSOCIATES INC., #210, 2411 - 160 Street, Surrey, BC V3Z 0C8 or (c) by fax 1-877-531-8096. You can complete this form online at <https://debtsgo.com> in which case you must save it and then email it to [ken@debtsgo.com](mailto:ken@debtsgo.com) as an attachment.