

**Commonwealth of Massachusetts**  
**The Trial Court**  
**Probate and Family Court Department**  
**FINANCIAL STATEMENT**  
**(Short Form)**

Division \_\_\_\_\_

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

**INSTRUCTIONS:** If your income equals or exceeds \$75,000.00 annually, you must complete the LONG FORM financial statement, unless otherwise ordered by the Court.

\_\_\_\_\_ v. \_\_\_\_\_  
 Plaintiff / Petitioner Defendant / Petitioner

**1. PERSONAL INFORMATION**

Your Name \_\_\_\_\_ Social Security No. \_\_\_\_\_  
 Address \_\_\_\_\_  
 (Street address) (City / Town) (State) (Zip)  
 Tel. No. \_\_\_\_\_ Date of Birth \_\_\_\_\_ No. of children living with you \_\_\_\_\_  
 Occupation \_\_\_\_\_ Employer \_\_\_\_\_  
 Employer's Address \_\_\_\_\_  
 (Street address) (City / Town) (State) (Zip)  
 Employer's Telephone No. \_\_\_\_\_ Do you have health insurance coverage?  Yes  No  
 If yes, name of health insurance provider \_\_\_\_\_

**2. GROSS WEEKLY INCOME / RECEIPTS FROM ALL SOURCES**

|   |           |             |
|---|-----------|-------------|
| a) Base pay from <input type="checkbox"/> Salary <input type="checkbox"/> Wages   | \$        | 0.00        |
| b) Overtime   | \$        | 0.00        |
| c) Part-time job  | \$        | 0.00        |
| d) Self-employment ( <b>attach a completed schedule A</b> )   | \$        | 0.00        |
| e) Tips   | \$        | 0.00        |
| f) <input type="checkbox"/> Commissions <input type="checkbox"/> Bonuses  | \$        | 0.00        |
| g) <input type="checkbox"/> Dividends <input type="checkbox"/> Interest   | \$        | 0.00        |
| h) <input type="checkbox"/> Trusts <input type="checkbox"/> Annuities   | \$        | 0.00        |
| i) <input type="checkbox"/> Pensions <input type="checkbox"/> Retirement Funds  | \$        | 0.00        |
| j) Social Security  | \$        | 0.00        |
| k) <input type="checkbox"/> Disability <input type="checkbox"/> Unemployment insurance <input type="checkbox"/> Worker's compensation | \$        | 0.00        |
| l) Public Assistance (welfare, A.F.D.C. payments)   | \$        | 0.00        |
| m) <input checked="" type="checkbox"/> Child Support <input type="checkbox"/> Alimony (actually received)                             | \$        | 0.00        |
| n) Rental from income producing property ( <b>attach a completed Schedule B</b> )   | \$        | 0.00        |
| o) Royalties and other rights   | \$        | 0.00        |
| p) Contributions from household member(s)   | \$        | 0.00        |
| q) Other (specify)  | \$        | 0.00        |
| _____   | \$        | 0.00        |
| _____   | \$        | 0.00        |
| _____   | \$        | 0.00        |
| <b>r) Total Gross Weekly Income/Receipts (add items a-q)</b>  | <b>\$</b> | <b>0.00</b> |

**Commonwealth of Massachusetts**  
**The Trial Court**  
**Probate and Family Court Department**  
**FINANCIAL STATEMENT**  
**(Short Form)**

Division 0

Docket No. 0

**3. ITEMIZED DEDUCTIONS FROM GROSS INCOME**

|  |                       |
|--|-----------------------|
| a) Federal income tax deductions (claiming _____ exemptions) | \$ <u>0.00</u>        |
| b) State income tax deductions (claiming _____ exemptions)   | \$ <u>0.00</u>        |
| c) F.I.C.A. and Medicare                                     | \$ <u>0.00</u>        |
| d) Medical Insurance   | \$ <u>0.00</u>        |
| e) Union Dues  | \$ <u>0.00</u>        |
| <b>f) Total Deductions (a through e)</b>                     | <b>\$ <u>0.00</u></b> |

**4. ADJUSTED NET WEEKLY INCOME** 2(r) minus 3(f) \$ 0.00

**5. OTHER DEDUCTIONS FROM SALARY/WAGES**

|  |                       |
|--|-----------------------|
| a) Credit Union <input type="checkbox"/> Loan repayment <input type="checkbox"/> Savings | \$ <u>0.00</u>        |
| b) Savings   | \$ <u>0.00</u>        |
| c) Retirement  | \$ <u>0.00</u>        |
| d) Other - Specify (i.e., Child Support, Deferred Compensation or 401K) _____            | \$ <u>0.00</u>        |
| <b>e) Total Deductions (a through d)</b>   | <b>\$ <u>0.00</u></b> |

**6. NET WEEKLY INCOME** 4 minus 5(e) \$ 0.00

**7. GROSS YEARLY INCOME FROM PRIOR YEAR** \$ 0.00  
 (attach copy of all W-2 and 1099 forms for prior year)

**Number of Years you have paid into Social Security** \_\_\_\_\_

**8. WEEKLY EXPENSES**

|   |                       |                               |                |
|---|-----------------------|-------------------------------|----------------|
| a) Rent or Mortgage (PIT)                     | \$ <u>0.00</u>        | l) Life Insurance             | \$ <u>0.00</u> |
| b) Homeowners/Tenant Insurance                | \$ <u>0.00</u>        | m) Medical Insurance          | \$ <u>0.00</u> |
| c) Maintenance and Repair                     | \$ <u>0.00</u>        | n) Uninsured Medicals         | \$ <u>0.00</u> |
| d) Heat                                       | \$ <u>0.00</u>        | o) Incidentals and Toiletries | \$ <u>0.00</u> |
| e) Electricity and/or Gas                     | \$ <u>0.00</u>        | p) Motor Vehicle Expenses     | \$ <u>0.00</u> |
| f) Telephone                                  | \$ <u>0.00</u>        | q) Motor Vehicle Payment      | \$ <u>0.00</u> |
| g) Water/Sewer                                | \$ <u>0.00</u>        | r) Child Care                 | \$ <u>0.00</u> |
| h) Food                                       | \$ <u>0.00</u>        | s) Other (explain)            | \$ <u>0.00</u> |
| i) House Supplies                             | \$ <u>0.00</u>        |                               | \$ <u>0.00</u> |
| j) Laundry and Cleaning                       | \$ <u>0.00</u>        | <u>TOTAL LIAB'TIES (P. 3)</u> | \$ <u>0.00</u> |
| k) Clothing                                   | \$ <u>0.00</u>        | <u>TOTAL ADD'L EXP.</u>       | \$ <u>0.00</u> |
| <b>t) Total Weekly Expenses (a through t)</b> | <b>\$ <u>0.00</u></b> |                               |                |

**9. COUNSEL FEES**

|   |                                  |
|---|----------------------------------|
| a) Retainer amount(s) paid to your attorney(s)                      | \$ <u>0.00</u>                   |
| b) Legal fees incurred, to date, against retainer(s)                | \$ <u>0.00</u>                   |
| c) Anticipated range of total legal expense to litigate this action | \$ <u>0.00</u> to \$ <u>0.00</u> |

**Commonwealth of Massachusetts**  
**The Trial Court**  
**Probate and Family Court Department**  
**FINANCIAL STATEMENT**  
**(Short Form)**

Division 0

Docket No. 0

**10. ASSETS** (attach additional sheet if necessary)

- a) Real Estate  
 Location \_\_\_\_\_  
 Title held in the name of \_\_\_\_\_  
 Fair Market Value \$ \_\_\_\_\_ - Mortgage \$ \_\_\_\_\_ = Equity \$ 0.00
- b) Motor Vehicles  
 Fair Market Value \$ \_\_\_\_\_ - Vehicle Loan \$ \_\_\_\_\_ = Equity \$ 0.00  
 Fair Market Value \$ \_\_\_\_\_ - Vehicle Loan \$ \_\_\_\_\_ = Equity \$ 0.00
- c) IRA, Keogh, Pension, Profit Sharing, Other Retirement Plans:  
 Financial Institution or Plan Name and Account Number  
 \_\_\_\_\_ \$ 0.00  
 \_\_\_\_\_ \$ 0.00  
 \_\_\_\_\_ \$ 0.00
- d) Tax Deferred Annuity Plan(s) \$ 0.00
- e) Life Insurance: Present Cash Value \$ 0.00
- f) Savings & Checking Accounts, Money Market Accounts, Certificates of Deposit - 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):  
 Financial Institution or Plan Name and Account Number  
 \_\_\_\_\_ \$ 0.00  
 \_\_\_\_\_ \$ 0.00  
 \_\_\_\_\_ \$ 0.00
- g) Other (e.g., stocks, bonds, collections)  
 \_\_\_\_\_ \$ 0.00  
 \_\_\_\_\_ \$ 0.00
- h) Total Assets** (a through g + Additional Assets, if any) **\$ 0.00**

**11. LIABILITIES** (Do not list expenses shown in item 8 above)

|  | Creditor | Nature of Debt | Date Incurred | Amount Due | Weekly Payment |
|--|----------|----------------|---------------|------------|----------------|
| a)   |          |                |               | \$ 0.00    | \$ 0.00        |
| b)   |          |                |               | \$ 0.00    | \$ 0.00        |
| c)   |          |                |               | \$ 0.00    | \$ 0.00        |
| d)   |          |                |               | \$ 0.00    | \$ 0.00        |
| <u>ADDITIONAL LIABILITES FROM SCHEDULE</u> |          |                |               | \$ 0.00    | \$ 0.00        |

**e) Total Liabilities** **\$0.00** **\$0.00**

Division 0

Commonwealth of Massachusetts  
The Trial Court  
Probate and Family Court Department  
**FINANCIAL STATEMENT**  
(Short Form)

Docket No. 0

**CERTIFICATION**

I certify under the pains and penalties of perjury that the information stated on this Financial Statement and the attached schedules, if any, is complete, true, and accurate.

Date \_\_\_\_\_

Signature \_\_\_\_\_

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 \_\_\_\_\_

(Signature of attorney)

\_\_\_\_\_  
(Print name)

\_\_\_\_\_  
(Street address)

\_\_\_\_\_  
(City/Town)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip)

Telephone: \_\_\_\_\_

B.B.O. #: \_\_\_\_\_

**ADDITIONAL WEEKLY EXPENSES - SHORT FORM (Section 8., continued)**

Name: \_\_\_\_\_ 0 \_\_\_\_\_

Docket No. \_\_\_\_\_ 0 \_\_\_\_\_

**8. WEEKLY EXPENSES (continued)**

| 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) _____           | \$ _____ |
| z) _____           | \$ _____ |

**TOTAL ADDITIONAL WEEKLY EXPENSES**

|               |
|---------------|
| <b>\$0.00</b> |
|---------------|

**ADDITIONAL ASSETS - SHORT FORM Section 10., continued)**

Name: \_\_\_\_\_ 0 \_\_\_\_\_

Docket No. \_\_\_\_\_ 0 \_\_\_\_\_

**10. ASSETS (continued)**

a) Real Estate

Location \_\_\_\_\_

Title held in name of \_\_\_\_\_

Fair Market Value \$ \_\_\_\_\_ - Mortgage(s) \$ \_\_\_\_\_ = Equity \$ \_\_\_\_\_ 0.00

Real Estate

Location \_\_\_\_\_

Title held in name of \_\_\_\_\_

Fair Market Value \$ \_\_\_\_\_ - Mortgage(s) \$ \_\_\_\_\_ = Equity \$ \_\_\_\_\_ 0.00

Real Estate

Location \_\_\_\_\_

Title held in name of \_\_\_\_\_

Fair Market Value \$ \_\_\_\_\_ - Mortgage(s) \$ \_\_\_\_\_ = Equity \$ \_\_\_\_\_ 0.00

Real Estate

Location \_\_\_\_\_

Title held in name of \_\_\_\_\_

Fair Market Value \$ \_\_\_\_\_ - Mortgage(s) \$ \_\_\_\_\_ = Equity \$ \_\_\_\_\_ 0.00

b) Motor Vehicles (continued)

Fair Market Value \$ \_\_\_\_\_ - Motor Vehicle Loan \$ \_\_\_\_\_ = Equity \$ \_\_\_\_\_ 0.00

Fair Market Value \$ \_\_\_\_\_ - Motor Vehicle Loan \$ \_\_\_\_\_ = Equity \$ \_\_\_\_\_ 0.00

Fair Market Value \$ \_\_\_\_\_ - Motor Vehicle Loan \$ \_\_\_\_\_ = Equity \$ \_\_\_\_\_ 0.00

c) IRA, Keough, Pension, Profit Sharing, Other Retirement Plans (continued):

Financial Institution or Plan Names and Account Numbers

\_\_\_\_\_ \$ \_\_\_\_\_ 0.00

\_\_\_\_\_ \$ \_\_\_\_\_ 0.00

\_\_\_\_\_ \$ \_\_\_\_\_ 0.00

d) Tax Deferred Annuity Plan(s) (continued)

\_\_\_\_\_ \$ \_\_\_\_\_ 0.00

\_\_\_\_\_ \$ \_\_\_\_\_ 0.00

\_\_\_\_\_ \$ \_\_\_\_\_ 0.00

e) Life Insurance: Present Cash value (continued)

\_\_\_\_\_ \$ \_\_\_\_\_ 0.00

\_\_\_\_\_ \$ \_\_\_\_\_ 0.00

f) Savings & Checking Accounts, Money Market Accounts, Certificates of Deposit - 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):

Financial Institution or Plan Name and Account Number

\_\_\_\_\_ \$ \_\_\_\_\_ 0.00

\_\_\_\_\_ \$ \_\_\_\_\_ 0.00

\_\_\_\_\_ \$ \_\_\_\_\_ 0.00

\_\_\_\_\_ \$ \_\_\_\_\_ 0.00

g). Other (such as - stocks, bonds, collections) (continued)

\_\_\_\_\_ \$ \_\_\_\_\_ 0.00

\_\_\_\_\_ \$ \_\_\_\_\_ 0.00

\_\_\_\_\_ \$ \_\_\_\_\_ 0.00

\_\_\_\_\_ \$ \_\_\_\_\_ 0.00

**TOTAL ADDITIONAL ASSETS**

|               |
|---------------|
| <b>\$0.00</b> |
|---------------|

**ADDITIONAL ASSETS - SHORT FORM Section 10., continued)**

Name: \_\_\_\_\_ 0 \_\_\_\_\_

Docket No. \_\_\_\_\_ 0 \_\_\_\_\_

**10. ASSETS (continued)**

a) Real Estate

Location \_\_\_\_\_

Title held in name of \_\_\_\_\_

Fair Market Value \$ \_\_\_\_\_ - Mortgage(s) \$ \_\_\_\_\_ = Equity \$ \_\_\_\_\_ 0.00

Real Estate

Location \_\_\_\_\_

Title held in name of \_\_\_\_\_

Fair Market Value \$ \_\_\_\_\_ - Mortgage(s) \$ \_\_\_\_\_ = Equity \$ \_\_\_\_\_ 0.00

Real Estate

Location \_\_\_\_\_

Title held in name of \_\_\_\_\_

Fair Market Value \$ \_\_\_\_\_ - Mortgage(s) \$ \_\_\_\_\_ = Equity \$ \_\_\_\_\_ 0.00

Real Estate

Location \_\_\_\_\_

Title held in name of \_\_\_\_\_

Fair Market Value \$ \_\_\_\_\_ - Mortgage(s) \$ \_\_\_\_\_ = Equity \$ \_\_\_\_\_ 0.00

b) Motor Vehicles (continued)

Fair Market Value \$ \_\_\_\_\_ - Motor Vehicle Loan \$ \_\_\_\_\_ = Equity \$ \_\_\_\_\_ 0.00

Fair Market Value \$ \_\_\_\_\_ - Motor Vehicle Loan \$ \_\_\_\_\_ = Equity \$ \_\_\_\_\_ 0.00

Fair Market Value \$ \_\_\_\_\_ - Motor Vehicle Loan \$ \_\_\_\_\_ = Equity \$ \_\_\_\_\_ 0.00

c) IRA, Keough, Pension, Profit Sharing, Other Retirement Plans (continued):

Financial Institution or Plan Names and Account Numbers

\_\_\_\_\_ \$ \_\_\_\_\_ 0.00

\_\_\_\_\_ \$ \_\_\_\_\_ 0.00

\_\_\_\_\_ \$ \_\_\_\_\_ 0.00

d) Tax Deferred Annuity Plan(s) (continued)

\_\_\_\_\_ \$ \_\_\_\_\_ 0.00

\_\_\_\_\_ \$ \_\_\_\_\_ 0.00

\_\_\_\_\_ \$ \_\_\_\_\_ 0.00

e) Life Insurance: Present Cash value (continued)

\_\_\_\_\_ \$ \_\_\_\_\_ 0.00

\_\_\_\_\_ \$ \_\_\_\_\_ 0.00

f) Savings & Checking Accounts, Money Market Accounts, Certificates of Deposit - 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):

Financial Institution or Plan Name and Account Number

\_\_\_\_\_ \$ \_\_\_\_\_ 0.00

\_\_\_\_\_ \$ \_\_\_\_\_ 0.00

\_\_\_\_\_ \$ \_\_\_\_\_ 0.00

\_\_\_\_\_ \$ \_\_\_\_\_ 0.00

g). Other (such as - stocks, bonds, collections) (continued)

\_\_\_\_\_ \$ \_\_\_\_\_ 0.00

\_\_\_\_\_ \$ \_\_\_\_\_ 0.00

\_\_\_\_\_ \$ \_\_\_\_\_ 0.00

\_\_\_\_\_ \$ \_\_\_\_\_ 0.00

**TOTAL ADDITIONAL ASSETS**

|               |
|---------------|
| <b>\$0.00</b> |
|---------------|

**ADDITIONAL LIABILITIES - SHORT FORM Section 11., continued)**

Name: \_\_\_\_\_ 0 \_\_\_\_\_

Docket No. \_\_\_\_\_ 0 \_\_\_\_\_

**11. Liabilities (DO NOT list weekly expenses but DO list all liabilities) (continued)**

|    | Creditor | Nature of Debt | Date Incurred | Amount Due | Weekly Pmt. |
|----|----------|----------------|---------------|------------|-------------|
| a) |          |                |               | 0.00       | 0.00        |
| b) |          |                |               | 0.00       | 0.00        |
| c) |          |                |               | 0.00       | 0.00        |
| d) |          |                |               | 0.00       | 0.00        |
| e) |          |                |               | 0.00       | 0.00        |
| f) |          |                |               | 0.00       | 0.00        |
| g) |          |                |               | 0.00       | 0.00        |
| h) |          |                |               | 0.00       | 0.00        |
| i) |          |                |               | 0.00       | 0.00        |
| j) |          |                |               | 0.00       | 0.00        |
| k) |          |                |               | 0.00       | 0.00        |
| l) |          |                |               | 0.00       | 0.00        |
| m) |          |                |               | 0.00       | 0.00        |
| n) |          |                |               | 0.00       | 0.00        |
| o) |          |                |               | 0.00       | 0.00        |
| p) |          |                |               | 0.00       | 0.00        |
| q) |          |                |               | 0.00       | 0.00        |
| r) |          |                |               | 0.00       | 0.00        |
| s) |          |                |               | 0.00       | 0.00        |
| t) |          |                |               | 0.00       | 0.00        |

**TOTAL ADDITIONAL AMOUNT DUE**

**\$0.00**

**TOTAL ADDITIONAL WEEKLY PAYMENT**

**\$0.00**

**FINANCIAL STATEMENT SCHEDULE A**

Name: 0 Docket No. 0

**MONTHLY SELF-EMPLOYMENT OR BUSINESS INCOME**

**GROSS MONTHLY RECEIPTS**

**\$0.00**

**Monthly Business Expenses**

|  |    |             |
|--|----|-------------|
| Cost of goods sold   | \$ | <u>0.00</u> |
| Advertising  | \$ | <u>0.00</u> |
| Bad Debts  | \$ | <u>0.00</u> |
| Motor Vehicles   | \$ | <u>0.00</u> |
| Gas  | \$ | <u>0.00</u> |
| Insurance  | \$ | <u>0.00</u> |
| Maintenance  | \$ | <u>0.00</u> |
| Registration   | \$ | <u>0.00</u> |
| Commissions  | \$ | <u>0.00</u> |
| Depletion  | \$ | <u>0.00</u> |
| Dues and Publications  | \$ | <u>0.00</u> |
| Employee Benefit Programs  | \$ | <u>0.00</u> |
| Freight  | \$ | <u>0.00</u> |
| Insurance (other than health), please specify type of insurance: |    |             |
| _____  | \$ | <u>0.00</u> |
| _____  | \$ | <u>0.00</u> |
| Interest on mortgage to banks                                    | \$ | <u>0.00</u> |
| Interest on loans  | \$ | <u>0.00</u> |
| Legal and Professional services                                  | \$ | <u>0.00</u> |
| Office expenses  | \$ | <u>0.00</u> |
| Laundry and cleaning   | \$ | <u>0.00</u> |
| Pension and profit sharing                                       | \$ | <u>0.00</u> |
| Rent on leased equipment   | \$ | <u>0.00</u> |
| Machinery/Equipment  | \$ | <u>0.00</u> |
| Other business property  | \$ | <u>0.00</u> |
| Repairs  | \$ | <u>0.00</u> |
| Supplies   | \$ | <u>0.00</u> |
| Taxes  | \$ | <u>0.00</u> |
| Travel   | \$ | <u>0.00</u> |
| Meals and entertainment  | \$ | <u>0.00</u> |
| Utilities and phones   | \$ | <u>0.00</u> |
| Wages  | \$ | <u>0.00</u> |
| Other expenses (specify):  |    |             |
| _____  | \$ | <u>0.00</u> |
| _____  | \$ | <u>0.00</u> |

## FINANCIAL STATEMENT SCHEDULE A

**TOTAL MONTHLY EXPENSES**

|               |
|---------------|
| <b>\$0.00</b> |
|---------------|

**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(d) of CJ-D 301-S.

|               |
|---------------|
| <b>\$0.00</b> |
|---------------|

### NATURE OF SELF-EMPLOYMENT OR BUSINESS

1. Is this business seasonal in nature?  Yes  No

2. If 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 a 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: \_\_\_\_\_ 0 \_\_\_\_\_ Docket No. \_\_\_\_\_ 0 \_\_\_\_\_

**RENT FROM INCOME PRODUCING PROPERTY**

**ANNUAL RENT RECEIVED**

**\$0.00**

**ANNUAL RENTAL EXPENSES**

|                                 |    |      |
|---------------------------------|----|------|
| Advertising                     | \$ | 0.00 |
| Motor Vehicle and Travel        | \$ | 0.00 |
| Insurance                       | \$ | 0.00 |
| Cleaning and maintenance        | \$ | 0.00 |
| Commissions                     | \$ | 0.00 |
| Interest on mortgage to banks   | \$ | 0.00 |
| Other interest (specify):       |    |      |
| _____                           | \$ | 0.00 |
| _____                           | \$ | 0.00 |
| Legal and professional services | \$ | 0.00 |
| Repairs                         | \$ | 0.00 |
| Supplies                        | \$ | 0.00 |
| Taxes                           | \$ | 0.00 |
| Utilities                       | \$ | 0.00 |
| Wages                           | \$ | 0.00 |
| Other expenses: (specify):      |    |      |
| _____                           | \$ | 0.00 |
| _____                           | \$ | 0.00 |

**TOTAL ANNUAL EXPENSES**

**\$0.00**

**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(n) of CJ-D 301-S

**\$0.00**

**FINANCIAL STATEMENT SCHEDULE B**

Name: \_\_\_\_\_ 0 \_\_\_\_\_ Docket No. \_\_\_\_\_ 0 \_\_\_\_\_

**RENT FROM INCOME PRODUCING PROPERTY**

**ANNUAL RENT RECEIVED**

**\$0.00**

**ANNUAL RENTAL EXPENSES**

Advertising \$ \_\_\_\_\_ 0.00

Motor Vehicle and Travel \$ \_\_\_\_\_ 0.00

Insurance \$ \_\_\_\_\_ 0.00

Cleaning and maintenance \$ \_\_\_\_\_ 0.00

Commissions \$ \_\_\_\_\_ 0.00

Interest on mortgage to banks \$ \_\_\_\_\_ 0.00

Other interest (specify):  
\_\_\_\_\_ \$ \_\_\_\_\_ 0.00

\_\_\_\_\_ \$ \_\_\_\_\_ 0.00

Legal and professional services \$ \_\_\_\_\_ 0.00

Repairs \$ \_\_\_\_\_ 0.00

Supplies \$ \_\_\_\_\_ 0.00

Taxes \$ \_\_\_\_\_ 0.00

Utilities \$ \_\_\_\_\_ 0.00

Wages \$ \_\_\_\_\_ 0.00

Other expenses: (specify):  
\_\_\_\_\_ \$ \_\_\_\_\_ 0.00

\_\_\_\_\_ \$ \_\_\_\_\_ 0.00

**TOTAL ANNUAL EXPENSES**

**\$0.00**

**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(n) of CJ-D 301-S

**\$0.00**

**FINANCIAL STATEMENT SCHEDULE B**

Name: \_\_\_\_\_ 0 \_\_\_\_\_ Docket No. \_\_\_\_\_ 0 \_\_\_\_\_

**RENT FROM INCOME PRODUCING PROPERTY**

**ANNUAL RENT RECEIVED**

**\$0.00**

**ANNUAL RENTAL EXPENSES**

|                                 |    |      |
|---------------------------------|----|------|
| Advertising                     | \$ | 0.00 |
| Motor Vehicle and Travel        | \$ | 0.00 |
| Insurance                       | \$ | 0.00 |
| Cleaning and maintenance        | \$ | 0.00 |
| Commissions                     | \$ | 0.00 |
| Interest on mortgage to banks   | \$ | 0.00 |
| Other interest (specify):       |    |      |
| _____                           | \$ | 0.00 |
| _____                           | \$ | 0.00 |
| Legal and professional services | \$ | 0.00 |
| Repairs                         | \$ | 0.00 |
| Supplies                        | \$ | 0.00 |
| Taxes                           | \$ | 0.00 |
| Utilities                       | \$ | 0.00 |
| Wages                           | \$ | 0.00 |
| Other expenses: (specify):      |    |      |
| _____                           | \$ | 0.00 |
| _____                           | \$ | 0.00 |

**TOTAL ANNUAL EXPENSES**

**\$0.00**

**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(n) of CJ-D 301-S

**\$0.00**

**FINANCIAL STATEMENT SCHEDULE B**

Name: \_\_\_\_\_ 0 \_\_\_\_\_ Docket No. \_\_\_\_\_ 0 \_\_\_\_\_

**RENT FROM INCOME PRODUCING PROPERTY**

**ANNUAL RENT RECEIVED**

**\$0.00**

**ANNUAL RENTAL EXPENSES**

|                                 |    |      |
|---------------------------------|----|------|
| Advertising                     | \$ | 0.00 |
| Motor Vehicle and Travel        | \$ | 0.00 |
| Insurance                       | \$ | 0.00 |
| Cleaning and maintenance        | \$ | 0.00 |
| Commissions                     | \$ | 0.00 |
| Interest on mortgage to banks   | \$ | 0.00 |
| Other interest (specify):       |    |      |
| _____                           | \$ | 0.00 |
| _____                           | \$ | 0.00 |
| Legal and professional services | \$ | 0.00 |
| Repairs                         | \$ | 0.00 |
| Supplies                        | \$ | 0.00 |
| Taxes                           | \$ | 0.00 |
| Utilities                       | \$ | 0.00 |
| Wages                           | \$ | 0.00 |
| Other expenses: (specify):      |    |      |
| _____                           | \$ | 0.00 |
| _____                           | \$ | 0.00 |

**TOTAL ANNUAL EXPENSES**

**\$0.00**

**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(n) of CJ-D 301-S

**\$0.00**

**EXPLANATORY NOTES  
TO FINANCIAL STATEMENT OF  
0**

# Explanation of Notation

1 Enter explanatory note here and <TAB> to next data entry field.