

Second Income Evaluation

Name(s) _____

Date _____

MONTHLY CASH INCOME

Gross Pay		
Pretax employer contributions	-	(401 (k) plans, dependent-care-reimbursement accounts)
Additional Job-related income	-	(bonuses, overtime, commissions)
(1) Total Cash Income	\$ -	

EMPLOYER-PAID BENEFITS

Health insurance	
Life insurance	-
Pension contributions	-
Thrift-plan contributions	-
Social securities	-
Profit sharing	-
Other deferred compensation	-
(2) Total Benefits	\$ -

MONTHLY JOB-RELATED EXPENSES

Federal income tax		
Social security tax	-	
State income tax	-	
Child care	-	
Clothing; personal care; dry cleaning	-	
Meals away from home	-	
Public transportation	-	
Auto-related expenses	-	(gas, parking, maintenance)
Other	-	
(3) Total Expenses	\$ -	
(4) Total Income or Deficit [(1) + (2) - (3)]	\$ -	