



PRENUPS

*and the Elephant
in the Room*

A Handbook for the Prenup Process

APPENDIX C

Sample Financial Statement



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APPENDIX C**Sample Financial Statement**

This financial statement is for *illustrative and informational purposes only*. Although this may help you better understand the type of information that will be needed when drafting your prenup, the categories listed here may not be exhaustive for your purposes.

BACKGROUND INFORMATION

Name: _____

Address: _____

Date of birth: _____

Anticipated wedding date: _____

Do you or your fiancé have children from a prior relationship/marriage? Yes No

If yes, list names and ages of children: _____

Where do you plan to reside? _____

Your occupation: _____

Fiancé's name: _____

Fiancé's address: _____

Fiancé's date of birth: _____

Fiancé's occupation: _____

Supplemental information: _____

EXPENSES

This information may not necessarily be included in your prenup. It depends on how detailed you would like to be about the household spending plan.

Provide monthly amounts for all responses.

Housing

Do you rent? Yes No If yes, rent: _____

Do you own? Yes No If yes, mortgage amount and amortization: _____

Real estate taxes: _____

Co-op/condominium charges: _____

Total Housing: _____

Utilities

Fuel oil: _____

Gas: _____

Electricity: _____

Water: _____

Total Utilities: _____

Food

Groceries: _____

Dining out: _____

School lunches: _____

Total Food: _____

Household

Babysitter: _____

Housekeeper/maid: _____

Repairs: _____

Furniture, furnishings, housewares: _____

Appliances: _____

Sanitation/carting: _____

Gardening/landscaping: _____

Snow removal: _____

Other: _____

Total Household: _____

Clothing (anticipated expenses)

Total Clothing: _____

Insurance

Life: _____

Homeowner's/renter's: _____

Fire, theft, liability: _____

Automotive: _____

Umbrella policy: _____

Medical: _____

SAMPLE FINANCIAL STATEMENT

Dental: _____

Optical: _____

Disability: _____

Worker's compensation: _____

Other: _____

Total Insurance: _____

Unreimbursed medical

Medical: _____

Dental: _____

Optical: _____

Pharmaceutical: _____

Surgical, nursing, hospital: _____

Other: _____

Total Unreimbursed Medical: _____

Automotive

Year: _____ Make: _____ Personal/business: _____

Year: _____ Make: _____ Personal/business: _____

Payments: _____

Gas, oil, repairs: _____

Parking/tolls: _____

Total Automotive: _____

Recreational

Fitness clubs/country clubs: _____

Movies: _____

Other: _____

Total Recreational: _____

Income taxes

Federal: _____

State: _____

City: _____

Social Security and Medicare: _____

Total Income Taxes: _____

Educational expenses (children)

The following expenses relate to children from a prior marriage or relationship. If this section does not apply to you, skip to the next section entitled "Educational expenses (parties)."

Nursery/preschool: _____

Primary/secondary: _____

College: _____

Postgraduate: _____

Religious instruction: _____

School transportation: _____

School supplies/books: _____

Tutoring: _____

SAMPLE FINANCIAL STATEMENT

School events: _____

Other _____

Total Educational Expenses (Children): _____

Educational expenses (parties)

The following expenses relate to the existing and/or anticipated debt/expenses of the parties:

College: _____

Postgraduate: _____

Total Educational Expenses (Parties): _____

Miscellaneous

TOTAL: \$ _____ USD

GROSS INCOME (STATE SOURCE OF INCOME AND ANNUAL AMOUNT)

Salary or wages: _____

Weekly deductions:

- Federal tax: _____
- State tax: _____
- Local tax: _____
- Social Security: _____
- Medicare: _____

• Other: _____

Number of dependents: _____

Bonuses, commissions, fringe benefits: _____

Partnership, royalties, sale of assets: _____

Dividends and interest: _____

Real estate (income only): _____

Trust, profit-sharing, annuities: _____

Pension (income only): _____

Awards, prizes, grants: _____

Bequests, legacies, gifts: _____

Income from other sources (e.g., alimony and child support): _____

Public assistance: _____

Disability: _____

Other: _____

TOTAL: \$ _____ USD

ASSETS (STATE WHETHER HELD JOINTLY)

Because this is for *illustrative* purposes, each account type listed only includes space for one individual account. You may have numerous accounts that need to be listed.

Cash account(s):

• Location: _____

• Account number: _____

• Title holder: _____

SAMPLE FINANCIAL STATEMENT

- Date opened: _____
- Source of funds: _____
- Balance: _____

Checking account(s):

- Location: _____
- Account number: _____
- Title holder: _____
- Date opened: _____
- Source of funds: _____
- Balance: _____

Savings account(s):

- Location: _____
- Account number: _____
- Title holder: _____
- Date opened: _____
- Source of funds: _____
- Balance: _____

Security deposits and earnest money:

- Location: _____
- Account number: _____
- Title holder: _____
- Type of deposit: _____
- Date opened: _____

- Source of funds: _____
- Current value: _____

Stocks, options, commodities:

- Location: _____
- Title holder: _____
- Description: _____
- Source of funds: _____
- Date of acquisition: _____
- Original price or value: _____
- Current value: _____

Bonds, notes, mortgages:

- Location: _____
- Title holder: _____
- Description: _____
- Source of funds: _____
- Date of acquisition: _____
- Original price or value: _____
- Current value: _____

Trusts:

- Location: _____
- Title owner: _____
- Description: _____
- Source of funds: _____

SAMPLE FINANCIAL STATEMENT

- Date of acquisition: _____
- Original price or value: _____
- Amount of unpaid liens: _____
- Current value: _____

Loans to others and accounts receivable:

- Debtor: _____
- Original amount of loan or debt: _____
- Source of funds: _____
- Date payment due: _____
- Current amount due: _____

Value of interest in any business:

- Name of business: _____
- Your capital contribution: _____
- Percentage interest: _____
- Date of acquisition: _____
- Original price or value: _____
- Source of funds: _____
- Method of valuation: _____
- Other relevant information: _____
- Current net worth of business: _____

Cash surrender of life insurance:

- Insurer's name: _____
- Name of insured: _____

- Policy number: _____
- Face amount of policy: _____
- Policy owner: _____
- Date of acquisition: _____
- Source of funds: _____
- Current cash surrender value: _____

Vehicles:

- Description: _____
- Title owner: _____
- Date of acquisition: _____
- Original price or value: _____
- Source of funds: _____
- Amount of current lien paid: _____
- Current fair market value: _____

Real estate:

- Description: _____
- Title owner: _____
- Date of acquisition: _____
- Original price or value: _____
- Source of funds: _____
- Amount of unpaid mortgage or lien: _____
- Current fair market value: _____

SAMPLE FINANCIAL STATEMENT

Supplemental information:

TOTAL: \$ _____ USD

LIABILITIES

Accounts payable:

- Name and address of creditor: _____
- Debtor: _____
- Amount of original debt: _____
- Date of incurring debt: _____
- Purpose: _____
- Monthly or other periodic payments: _____
- Amount of current debt: _____

Notes payable:

- Name and address of note holder: _____
- Debtor: _____
- Amount of original debt: _____
- Date of incurring debt: _____
- Purpose: _____

- Monthly or other periodic payments: _____
- Amount of current debt: _____

Installment accounts payable (security agreements, chattel mortgages):

- Name and address of creditor: _____
- Debtor: _____
- Amount of original debt: _____
- Date of incurring debt: _____
- Purpose: _____
- Monthly or other periodic payment: _____
- Amount of current debt: _____

Broker's margin accounts:

- Name and address of broker: _____
- Amount of original debt: _____
- Date of incurring debt: _____
- Purpose: _____
- Monthly or other periodic payment: _____
- Amount of current debt: _____

Mortgages payable on real estate:

- Name and address of mortgagee: _____
- Address of property mortgaged: _____
- Mortgagor(s): _____
- Original debt: _____
- Date of incurring debt: _____

SAMPLE FINANCIAL STATEMENT

- Monthly or other periodic payment: _____
- Maturity date: _____
- Amount of current debt: _____

Taxes payable:

- Description of tax: _____
- Amount of tax: _____
- Date due: _____

Loans on life insurance policies:

- Name and address of insurer: _____
- Amount of loan: _____
- Date incurred: _____
- Purpose: _____
- Name of borrower: _____
- Monthly or other periodic payment: _____
- Amount of current debt: _____

Other liabilities:

- Description: _____
- Name and address of creditor: _____
- Debtor: _____
- Original amount of debt: _____
- Date incurred: _____
- Purpose: _____
- Monthly or other periodic payment: _____

• Amount of current debt: _____

TOTAL: \$_____ USD

Your net worth = (your total assets) – (your total liabilities)

