

Income and Expense Reports

Report the earnings and non-discretionary expenses of each member of the family. Non-discretionary expenses, including any expenses associated with medical conditions, can reduce the surplus income you are required to pay. Send your report with the support documents to: reports@smytheinsolevncy.com

Name:		Month / Year:			
My address, employment, and	telephone number have cl	nanged			
I have attached proof of my income, and any non-discretionary and medical expenses					
Thave attached proof of my mo	onio, and any non disorca	onary and modical c	хропосо		
Ipdated information or notes	for Smythe Insolvency:				
lousehold Net Income					
	My Income	My Income		Other Family Member Income	
Net Employment Income					
Spousal Support Received					
Child Support Received					
Canada Child Benefit (*See no	te)				
Employment Insurance (EI)					
Government Pension (CPP/OA	S)				
Other Pension Income					
Social Assistance Benefits					
Disability Benefits					
Other Income:					
Other Income:					
Total Income					
CCB is not included in total inc	ome				
Non-Discretionary Expenses					
Child Support		Spousal Support			
Childcare		Employment Expenses			
Medical Expenses not covered	l by insurance	Total			
Prescriptions	a by insurance	Medical			
Dental		Vision care			
		Other:			
Other:	1	Total Medical			

I understand I must provide proof of income, and any non-discretionary and medical expenses.

Signature (type your name)	