

Expense Worksheet

Name: _____

Date: _____



Current Expenses	Monthly Avg	Annual Avg
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Personal Savings	\$ _____	\$ _____
Personal Investments	_____	_____
Retirement Investments	_____	_____
Education Investments	_____	_____
Federal, State and Local Taxes	_____	_____
Mortgage Payments	_____	_____
Rental Payments	_____	_____
Homeowners Insurance	_____	_____
Electric Utilities	_____	_____
Gas Utilities	_____	_____
Telephone	_____	_____
Cell Phone	_____	_____
Internet Connection	_____	_____
Water	_____	_____
Cable TV	_____	_____
Home Furnishings	_____	_____
Home Maintenance & Pest Control	_____	_____
Lawn Maintenance	_____	_____
Real Estate Taxes	_____	_____
Personal Property Taxes	_____	_____
Car Payment	_____	_____
Car Insurance	_____	_____
Gasoline	_____	_____
Car Maintenance	_____	_____
Food	_____	_____
Toiletries	_____	_____
Clothing	_____	_____
Entertainment	_____	_____
Health Club Dues	_____	_____
Othe Club Dues	_____	_____
Visa/Amex/MC/Loans	_____	_____
Vacations	_____	_____
Childcare/Dependant Care/Alimony	_____	_____
Tuition	_____	_____
Health Insurance	_____	_____
Life Insurance	_____	_____
Disability Insurance	_____	_____
Long-term care or other insurance	_____	_____

Current Expenses	Monthly Avg	Annual Avg
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Doctors	\$ _____	\$ _____
Dentists	_____	_____
Eyeglasses	_____	_____
Drugs	_____	_____
Household Help	_____	_____
Dry Cleaning	_____	_____
Beauty Salon/Barber	_____	_____
Pets/Vets	_____	_____
Subscriptions	_____	_____
Florists	_____	_____
Gifts	_____	_____
Church Donations	_____	_____
Community Donations	_____	_____
Hobbies	_____	_____
CPA	_____	_____
Professional Dues	_____	_____
Other	_____	_____
Other	_____	_____
Other	_____	_____
TOTAL EXPENSES	\$ _____	\$ _____

Current Income	Monthly Avg	Annual Avg
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Sources of Income		
Earned Income	\$ _____	\$ _____
Bonus Income	_____	_____
Royalties/Rental Income	_____	_____
Investment Income	_____	_____
Income from Social Security	_____	_____
Pension Income	_____	_____
TOTAL INCOME	\$ _____	\$ _____
Total Income	_____	_____
Total Savings	_____	_____
Total Expenses	_____	_____
REMAINING INCOME	\$ _____	\$ _____