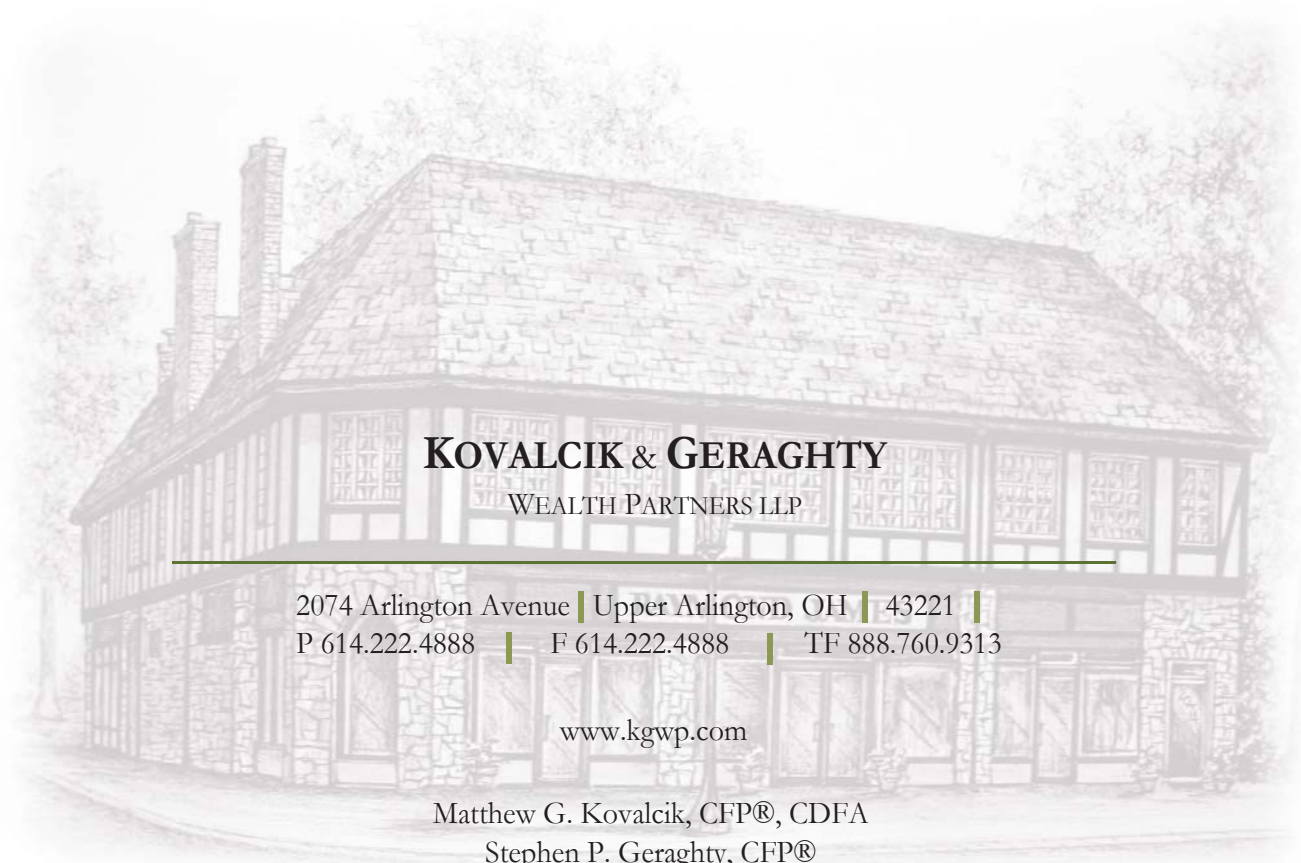


# Living Expense Worksheet

Client Name: \_\_\_\_\_

Date: \_\_\_\_\_



your partner in planning

**LIVING EXPENSEWORKSHEET**

If you are unable to reasonably estimate your living expenses, use this Cash Flow Summary sheet to guide you. Amounts will be assumed to be monthly. If the expense is paid quarterly or annually, simply write the quarterly or annual number and follow with a Q (for expenses paid quarterly) or A (for expenses paid annually).

**NAME:** \_\_\_\_\_

**HOME:**

Mortgage on Personal Residence	\$ _____	
Real Estate Taxes on Residence	\$ _____	
Mortgage on Second Home	\$ _____	
Real Estate Taxes on Second Home	\$ _____	
Home Equity Line	\$ _____	
Other	\$ _____	
<b>TOTAL HOME</b>		\$ _____

**AUTO:**

Car Loan/Lease #1	\$ _____	
Car Loan/Lease # 2	\$ _____	
Car Loan/Lease # 3	\$ _____	
Wash	\$ _____	
Gasoline	\$ _____	
Repairs/Maintenance	\$ _____	
Auto Tags	\$ _____	
Tickets and Infractions	\$ _____	
Parking	\$ _____	
Other	\$ _____	
<b>TOTAL AUTO</b>		\$ _____

**INSURANCE:**

Home Owners	\$ _____	
Umbrella Policy	\$ _____	
Auto	\$ _____	
Boat/Motorcycle/RV	\$ _____	
Life	\$ _____	
Health	\$ _____	
Disability	\$ _____	
LTC	\$ _____	
Professional (E&O, Malpractice, etc.)	\$ _____	
<b>TOTAL INSURANCE</b>		\$ _____

**HOUSEHOLD:**

Food	\$ _____	
Clothing	\$ _____	
Cleaning Service	\$ _____	
Electricity, Gas, Fuel	\$ _____	
Telephone and Cable (Service)	\$ _____	
Computer and Phone (Hardware)	\$ _____	
Water and Water Conditioners	\$ _____	
Garbage, Sewer and Pest Control	\$ _____	
Family Photo	\$ _____	
Flowers	\$ _____	
Lawn Care	\$ _____	
Hobbies (Golf, Tennis, etc.)	\$ _____	
Postage	\$ _____	
Cell Phone	\$ _____	
Home Maintenance and Repair	\$ _____	
Pool Maintenance and Repair	\$ _____	
Security Systems	\$ _____	
Home Furnishings	\$ _____	
Recreation and Entertainment	\$ _____	
Books, Magazines & Newspaper	\$ _____	
Club Dues	\$ _____	
Vacation and Travel	\$ _____	
Gifts: Birthday	\$ _____	
Gifts: Holiday	\$ _____	
Gifts: Other (Wedding, Housewarming, etc.)	\$ _____	
Slush Fund	\$ _____	
Charge Accounts	\$ _____	
<b>TOTAL HOUSEHOLD</b>		\$ _____

**PROFESSIONAL & MEDICAL:**

Doctor	\$ _____	
Dentist	\$ _____	
Chiropractor	\$ _____	
Prescriptions	\$ _____	
Bank Fees	\$ _____	
Financial Planning	\$ _____	
Accountant	\$ _____	
Attorney	\$ _____	
<b>TOTAL PROFESSIONAL &amp; MEDICAL</b>		\$ _____

**SUPPORT:**

Alimony	\$ _____	
Child Support	\$ _____	
Parental Support	\$ _____	
Children's Allowance	\$ _____	
Other	\$ _____	
<b>TOTAL SUPPORT</b>		\$ _____

**INVESTMENTS:**

Credit Union	\$ _____	
Mutual Funds	\$ _____	
Stocks	\$ _____	
Bonds	\$ _____	
Annuities	\$ _____	
College Savings	\$ _____	
Certificates of Deposit	\$ _____	
401(k)	\$ _____	
Deferred Compensation	\$ _____	
<b>TOTAL INVESTMENTS</b>		\$ _____

**EDUCATION:**

Daycare	\$ _____	
Elementary School	\$ _____	
High School	\$ _____	
College	\$ _____	
Graduate Level	\$ _____	
<b>TOTAL EDUCATION</b>		\$ _____

**PERSONAL CARE:**

Haircut	\$ _____	
Massage	\$ _____	
Nails	\$ _____	
Makeup	\$ _____	
Vitamins	\$ _____	
Other	\$ _____	
<b>TOTAL PERSONAL CARE</b>		\$ _____

**GIVING:**

Charitable	\$ _____	
Religious	\$ _____	
<b>TOTAL GIVING</b>		\$ _____