



Every detail matters.

BUDGET WORKSHEET

Date: _____

Name(s): _____

Name(s): _____

Income

| | Name: | Name: |
|---|-------|-------|
| Salary/ Wages Source: _____ | \$ | \$ |
| Bonus/ Commissions Source: _____ | \$ | \$ |
| Rents/Royalties/Fees Source: _____ | \$ | \$ |
| Withdrawals from Savings/Investments Source: _____ | \$ | \$ |
| Withdrawals from Retirement Accounts Source: _____ | \$ | \$ |
| Pension/ Annuities Source: _____ | \$ | \$ |
| What % continues to spouse upon death? | % | % |
| Pension/ Annuities Source: _____ | \$ | \$ |
| What % continues to spouse upon death? | % | % |

| | | |
|-----------------|----|----|
| Social Security | \$ | \$ |
| Other: | \$ | \$ |
| Other: | \$ | \$ |

Total Income: \$ _____

Expenses

| 1) Household Expenses: | Monthly Expenses For Primary Home | Monthly Expenses For Second Home |
|-------------------------------|--|---|
| Mortgage Payment (P & I) | \$ | \$ |
| Property Taxes | \$ | \$ |
| Homeowners Insurance | \$ | \$ |
| House Repairs | \$ | \$ |
| Condo Fees | \$ | \$ |
| Landscaping | \$ | \$ |
| Rent | \$ | \$ |
| Cleaning | \$ | \$ |
| Other | \$ | \$ |
| Subtotal 1 | \$ | \$ |

| 2) Utilities: | Monthly Expenses For Primary Home | Monthly Expenses For Second Home |
|----------------------|--|---|
| Heat | \$ | \$ |
| Gas | \$ | \$ |
| Oil | \$ | \$ |
| Electric | \$ | \$ |
| A/C | \$ | \$ |
| Water | \$ | \$ |
| Telephone | \$ | \$ |
| Cell Phones | \$ | \$ |
| Internet Access | \$ | \$ |
| Cable/Satellite TV | \$ | \$ |
| Waste Removal | \$ | \$ |
| Other: | \$ | \$ |
| Subtotal 2 | \$ | \$ |

| 3) Transportation | Monthly Expenses Car 1 | Monthly Expenses Car 2 |
|--------------------------|-----------------------------------|-----------------------------------|
| Car Payments | \$ | \$ |
| Lease Payments | \$ | \$ |
| Gas and Oil | \$ | \$ |
| Auto Insurance | \$ | \$ |
| Repairs & Maintenance | \$ | \$ |
| Parking & Tolls | \$ | \$ |
| Other: | \$ | \$ |
| Subtotal 3 | \$ | \$ |

| 4) Medical & Insurance | Monthly Expenses Client Name _____ | Monthly Expenses Client Name _____ |
|-----------------------------------|--|--|
| Medical Insurance | \$ | \$ |
| Dental Care/Insurance | \$ | \$ |
| Disability Insurance | \$ | \$ |
| Long Term Care Insurance | \$ | \$ |
| Life Insurance | \$ | \$ |
| Doctor Co-pays | \$ | \$ |
| Prescription Co-pays | \$ | \$ |
| Therapy/Counselling | \$ | \$ |
| Errors & Omissions | \$ | \$ |
| Malpractice Insurance | \$ | \$ |
| Eye Care | \$ | \$ |
| Other: | \$ | \$ |
| Subtotal 4 | \$ | \$ |

| 5) Food & Entertainment | Monthly Expenses |
|------------------------------------|-------------------------|
| Concerts/Sports/Theatre | \$ |
| Eating at Home | \$ |
| Eating Out | \$ |
| Golf | \$ |
| Hobbies | \$ |
| Membership | \$ |
| Club Dues | \$ |
| Vacation/Travel | \$ |
| Seasonal Rental | \$ |

| | |
|------------|----|
| Other: | \$ |
| Subtotal 5 | \$ |

| 6) Miscellaneous | Monthly Expenses |
|-----------------------------------|-------------------------|
| Accounting | \$ |
| Alimony | \$ |
| Birthdays/Holidays/Gifts | \$ |
| Cash Spending Money | \$ |
| Charitable Contributions | \$ |
| Child Daycare | \$ |
| Child Support | \$ |
| Clothing | \$ |
| Computer Expenses | \$ |
| Dry Cleaning/Laundry | \$ |
| Educational Costs | \$ |
| Legal | \$ |
| Magazines/Newspapers | \$ |
| Personal Care (beauty, hair etc.) | \$ |
| Pets/Veterinarian | \$ |
| Professional Fees | \$ |
| Therapy | \$ |
| Other: | \$ |
| Other: | \$ |
| Subtotal 6 | \$ |

Total Monthly Expenses: \$ _____

Planned Annual Investments

| | Annual Contributions Client Name _____ | Annual Contributions Client Name _____ |
|--|---|---|
| Retirement Contributions 401(k), 403(b), 457, etc. Or % of Wages | \$ _____ % | \$ _____ % |
| Employer Contributions Or % of Wages | \$ _____ % | \$ _____ % |
| SEP IRA, Solo 401(k), etc. Or % of Wages | \$ _____ % | \$ _____ % |
| Roth IRA | \$ _____ | \$ _____ |
| Traditional IRA | \$ _____ | \$ _____ |
| Non-Deductible IRA | \$ _____ | \$ _____ |
| College Funding | \$ _____ | \$ _____ |
| Non Retirement Savings | \$ _____ | \$ _____ |
| Other: | \$ _____ | \$ _____ |
| Total | \$ _____ | \$ _____ |

Auto Purchases

| | Client Name | Client Name |
|--|-------------------|-------------------|
| Date of next planned car purchase? | | |
| How often do you buy a new car? | Every _____ years | Every _____ years |
| Estimated cost of next car purchase? (Net of trade in) | \$ _____ | \$ _____ |
| Do you pay cash, finance, or lease? | | |

Anticipated One Time Expenses

(i.e., tuition, new roof, big trip, wedding, home purchase, etc.)

| | Amount | Purpose |
|--------|--------|---------|
| Year 1 | \$ | |
| | \$ | |
| Year 2 | \$ | |
| | \$ | |
| Year 3 | \$ | |
| | \$ | |
| Year 4 | \$ | |
| | \$ | |

Current Loans/Debt

(Complete below or check if attaching statements)

| Financial Institution | Type* (See below) | Monthly Payments | Interest Rate | Anticipated Pay-off date | Loan Balance |
|-----------------------|----------------------|------------------|---------------|--------------------------|--------------|
| | | \$ | % | | \$ |
| | | \$ | % | | \$ |
| | | \$ | % | | \$ |
| | | \$ | % | | \$ |
| | | \$ | % | | \$ |
| Total Debt | -- | \$ | -- | -- | \$ |

***Type:**

M = Mortgage

A = Auto Loan

H = Home Equity Loan

P = Personal Loan

C = Credit Card

S = Student Loan

Do you plan to pay down any of these debts or refinance in the near future? If so, which one(s) and why?

Other comments pertaining to your budget or cash flow _____

I certify that the above information is correct and accurately describes my current financial situation.

X _____
Signature Print Name Date

X _____
Signature Print Name Date