

Monthly

Annual

Income

Client A
Client B
Other

Total

Surplus / Deficit

+ / -

+ / -

*Calculated

Expenses

Saving/Investment

401k Plan / Pension
Savings Account
Mutual Funds
Investment Account

Subtotal

Housing

Mortgage / Rent
Property Taxes
Home Owner's Insurance
Telephone
Cellular Phone / Pager
Gas & Electric
Water & Sewer
Cable T.V.
Gardeners / Maid

Subtotal

Child Care

Day Care / Sitters / Sports
Private School
Child Support Payments

Subtotal

Transportation

Car / Lease Payment #1
Car / Lease Payment #2
Registration
Auto Insurance
Gasoline
Oil Changes / Maintenance
Repairs
Car Washes
Parking

Subtotal

Food & Beverages

Groceries
Lunches / Meals Out

Subtotal

	<u>Monthly</u>	<u>Annual</u>
Clothing		
Adults	_____	_____
Children	_____	_____
Dry Cleaning	_____	_____
Subtotal	_____	_____
Furnishings		
Home	_____	_____
Office	_____	_____
Subtotal	_____	_____
Personal Care & Misc. Cash		
Morning Coffee	_____	_____
ATM's	_____	_____
Make Up	_____	_____
Gym / Club Dues	_____	_____
Hair Cuts / Salon	_____	_____
Subtotal	_____	_____
Medical Expenses		
Insurance Premiums	_____	_____
Co-Payments / Deductibles	_____	_____
Drugs / Vitamins	_____	_____
Glasses / Contact Lenses	_____	_____
Dental	_____	_____
Subtotal	_____	_____
Education / Self Improvement		
Tuition / Books	_____	_____
Student Loan Payments	_____	_____
Newspapers	_____	_____
Magazines	_____	_____
Seminars	_____	_____
Karate / Swim / Music / Dance Lessons	_____	_____
Subtotal	_____	_____
Debt / Installment Payments		
Visa / MC / Amex #1	_____	_____
Visa / MC / Amex #2	_____	_____
Visa / MC / Amex #3	_____	_____
Dept. Stores	_____	_____
Personal Notes	_____	_____
Home Equity Loan / Line of Credit	_____	_____
Subtotal	_____	_____
Entertainment		
Dining Out	_____	_____
Movies / Video Rentals	_____	_____
Concerts / Theme Parks	_____	_____
Subtotal	_____	_____

	<u>Monthly</u>	<u>Annual</u>
Vacations & Holidays		
Annual Vacation	_____	_____
Weekend "Getaways"	_____	_____
Gifts – Birthday, Anniversary, Holidays	_____	_____
Subtotal	_____	_____
Charitable Contributions		
Church / United Way	_____	_____
Other Non-Profit Organizations	_____	_____
Subtotal	_____	_____
Other		
Miscellaneous	_____	_____
Pets	_____	_____
Subtotal	_____	_____
Total	_____	_____
	Combined Annual	_____
	Average Monthly	_____