

### Monthly Living Expenses Worksheet

Client A: \_\_\_\_\_  
 Client B: \_\_\_\_\_

Annual Pay Periods: \_\_\_\_\_  
 Annual Pay Periods: \_\_\_\_\_

**Housing**

Bottled Water \_\_\_\_\_  
 HOA Dues \_\_\_\_\_  
 Furnishings \_\_\_\_\_  
 Improvements \_\_\_\_\_  
 Insurance \_\_\_\_\_  
 Maintenance \_\_\_\_\_  
 Mortgage / Rent \_\_\_\_\_  
 RE Taxes \_\_\_\_\_  
 Telephone / Cell \_\_\_\_\_  
 Utilities \_\_\_\_\_  
 Yard / Pool \_\_\_\_\_  
 Second Home \_\_\_\_\_ \*Separate Worksheet

**Total** \_\_\_\_\_

**Transportation**

Gas / Tires \_\_\_\_\_  
 Insurance \_\_\_\_\_  
 Repair / Oil Change \_\_\_\_\_  
 Wash / Parking \_\_\_\_\_  
 Loan Payment \_\_\_\_\_  
 Lease Payments \_\_\_\_\_  
 DMV Fees \_\_\_\_\_

**Total** \_\_\_\_\_

**Miscellaneous**

Bank Fees \_\_\_\_\_  
 Safety Deposit Box \_\_\_\_\_  
 Professional Dues \_\_\_\_\_  
 Student Loan \_\_\_\_\_  
 Financial Advisor \_\_\_\_\_  
 Tax Preparation \_\_\_\_\_  
 Postage / Stamps \_\_\_\_\_  
 Gifts \_\_\_\_\_  
 Pet Care \_\_\_\_\_  
 Other \_\_\_\_\_

**Total** \_\_\_\_\_

**Children**

Allowance \_\_\_\_\_  
 Babysitter \_\_\_\_\_  
 Camp \_\_\_\_\_  
 Child Care \_\_\_\_\_  
 Clothing \_\_\_\_\_  
 Education \_\_\_\_\_  
 Sports \_\_\_\_\_  
 Lunches \_\_\_\_\_  
 Other \_\_\_\_\_

**Total** \_\_\_\_\_

**Monthly Savings**

Cash Reserve \_\_\_\_\_  
 Regular Savings \_\_\_\_\_  
 401(k) \_\_\_\_\_  
 Traditional IRA \_\_\_\_\_  
 Roth IRA \_\_\_\_\_  
 SEP / SIMPLE \_\_\_\_\_  
 TSA \_\_\_\_\_  
 Defined Benefit Plan \_\_\_\_\_  
 Other \_\_\_\_\_

**Total** \_\_\_\_\_

**Personal**

Barber / Beauty \_\_\_\_\_  
 Cleaners / Laundry \_\_\_\_\_  
 Clothing \_\_\_\_\_  
 Pocket Money / ATM \_\_\_\_\_  
 Toiletries \_\_\_\_\_  
 Self Improvement \_\_\_\_\_  
 Doctor / Dentist \_\_\_\_\_  
 Medicines \_\_\_\_\_

**Total** \_\_\_\_\_

**Food**

Groceries \_\_\_\_\_  
 Liquor \_\_\_\_\_  
 Dining Out \_\_\_\_\_

**Total** \_\_\_\_\_

**Insurance**

Client A Life \_\_\_\_\_  
 Client B Life \_\_\_\_\_  
 Client A Disability \_\_\_\_\_  
 Client B Disability \_\_\_\_\_  
 Client A LTC \_\_\_\_\_  
 Client B LTC \_\_\_\_\_  
 Client A Health \_\_\_\_\_  
 Client B Health \_\_\_\_\_  
 Client A Vision \_\_\_\_\_  
 Client B Vision \_\_\_\_\_

**Total** \_\_\_\_\_

**Entertainment**

Cable TV / Internet \_\_\_\_\_  
 DVD / Music \_\_\_\_\_  
 Clubs \_\_\_\_\_  
 Hobbies \_\_\_\_\_  
 Lessons \_\_\_\_\_  
 Subscriptions \_\_\_\_\_  
 Recreation \_\_\_\_\_  
 Ticketed Events \_\_\_\_\_  
 Vacation \_\_\_\_\_

**Total** \_\_\_\_\_

**Support / Contributions**

Alimony \_\_\_\_\_  
 Child Support \_\_\_\_\_  
 Charity \_\_\_\_\_  
 Church \_\_\_\_\_  
 Political \_\_\_\_\_  
 Credit Card Debt \_\_\_\_\_  
 Other Installments \_\_\_\_\_

**Total** \_\_\_\_\_

**Totals:**

**Monthly** \_\_\_\_\_

**Annual** \_\_\_\_\_

Car Loan / Lease Balance: \_\_\_\_\_  
 Student Loan Balance: \_\_\_\_\_  
 Credit Card Balances: \_\_\_\_\_