

Joint	Keogh Contribution		
	SIMPLE Contribution		
	College Savings		
	Emergency Fund		
	Regular Savings		
SAVINGS TOTAL:		<hr/>	

FIXED EXPENSES

		Monthly	Annually
Housing	Home Warranty		
	Homeowners Association Fees		
	Rent		
Insurance:	Auto		
	Disability – Client		
	Dental – Co Client		
	Health – Client		
	Health – Co Client		
	Vision – Client		
	Vision – Co Client		
	Homeowners		
	Life – Client		
	Life – Co Client		
	Life – Children		
	Long Term Care – Client		
	Long Term Care – Co Client		
	Personal Liability (Umbrella)		
	Loans:	Auto	
Home Equity			
Housing, Mortgage (Principle & Interest)			
Student			
Taxes:	Client FICA (6.2%)		
	Client Medicare (1.45%)		
	Co Client FICA (6.2%)		
	Co Client Medicare (1.45%)		
	Federal		
	Real Estate		
	Self Employment		
Miscellaneous:	State		
	Alimony Out		
	Bequest		
	Child Support Out		
	Financial Planning Fees		
FIXED EXPENSES TOTAL:		<hr/> <hr/>	

VARIABLE EXPENSES

Monthly

Annually

Children & Education:	Allowance		
	Child Care		
	Tuition		
	Lessons		
	Summer Camp		
	Miscellaneous		
Clothing & Personal Care:	Clothing		
	Dry Cleaning		
	Client, Personal Care & Grooming		
	Co Client, Personal Care & Grooming		
Food & Beverage:	Dining Out		
	Entertaining		
	Groceries		
	Birthdays		
	Christmas		
	Church & Charity		
	Miscellaneous (Political Contributions, etc)		
Household:	Domestic Help		
	Home Maintenance		
	Lawn Care		
	Pet Care		
	Pool Service		
	Health Care & Medicine		
Medical: Recreation:	Country Club		
	Hobbies		
	Movies		
	Sporting Events		
	Sports & Gym		
	Subscriptions, Newspapers & Professional Dues		
	Vacation(s)		
	Other ()		
Transportation	Fuel		
	License Plates/Fees		
	Maintenance		
	Parking/Tolls		
	Public Transportation		
	Rental Car		
Utilities	Cable TV		
	Electricity		
	Gas		
	Heat		
	Telephone		
	Trash		
	Water/Sewer		

Miscellaneous:

Adult Support		
Other()		
Other()		
Other()		
Other()		

Variable Expenses Total: _____

Total Income: _____

Total Expenses: _____

Total Surplus/Deficit: _____
 (Total Income – Total Expenses)

Please provide an estimate of anticipated, non-routine expenditures:

Event	Estimated Replacement Date	Amount
Home Remodeling		
Landscaping		
Pool		
Travel		
Boat		
Appliances		
Auto Replacement		
Other ()		
Other ()		