

# Expense Worksheet

Client's Name: \_\_\_\_\_

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



LIFETIME WEALTH STRATEGIES

Monthly or Annually or Annual ttl

## HOUSING

Mortgage (Principal/Interest)	_____	_____
Property Taxes	_____	_____
Homeowner's Insurance	_____	_____
Condo/HOA Fees	_____	_____
Electricity & Gas (LG&E)	_____	_____
Water	_____	_____
Garbage Removal	_____	_____
Cell Phone	_____	_____
Home Phone	_____	_____
Internet Service	_____	_____
Cable/Satellite TV	_____	_____
Security System	_____	_____
Lawn, Landscaping, & Pool Service	_____	_____
Cleaning Service	_____	_____
Maintenance	_____	_____
Home	_____	_____
Improvements	_____	_____
Pest/ Bug Service	_____	_____
Total	_____	_____

## CHILD CARE

Support Payments	_____	_____
Daycare/ Education	_____	_____
Sports Activities	_____	_____
Other	_____	_____
Total	_____	_____

## TRANSPORTATION

Loan/ Lease Payment #1	_____	_____
Loan/ Lease Payment #2	_____	_____
Loan/ Lease Payment #3	_____	_____
Gasoline	_____	_____
Maintenance/	_____	_____
Improvements	_____	_____
Registration &	_____	_____
Excise Tax	_____	_____
Auto Insurance	_____	_____
Other	_____	_____
Total	_____	_____

## GROCERIES

Food/ Beverages	_____	_____
Household supplies	_____	_____
Other	_____	_____
Total	_____	_____

## CLOTHING

Client #1	_____	_____
Client #2	_____	_____
Children	_____	_____
Total	_____	_____

**FURNISHINGS**

Inside/ Outside \_\_\_\_\_  
Total \_\_\_\_\_

**PERSONAL CARE AND CASH**

Dry Cleaning \_\_\_\_\_  
Hair/ Nails/ Facials \_\_\_\_\_  
Cosmetics/ Shoe Shine \_\_\_\_\_  
Massage \_\_\_\_\_  
Health Club, Gym, Tennis, Golf, Pool \_\_\_\_\_  
Other \_\_\_\_\_  
Total \_\_\_\_\_

**MEDICAL/ DENTAL/ VISION**

Health Insurance \_\_\_\_\_  
Co-Pays/ Deductibles \_\_\_\_\_  
Prescriptions \_\_\_\_\_  
Vitamins \_\_\_\_\_  
Other \_\_\_\_\_  
Total \_\_\_\_\_

**EDUCATION SELF IMPROVEMENT**

Private School/ College \_\_\_\_\_  
Classes/ Books/ Paper \_\_\_\_\_  
Association Fees/Subscriptions \_\_\_\_\_  
Hobbies/ Other \_\_\_\_\_  
Total \_\_\_\_\_

**INSTALLMENT DEBT PAYMENTS**

Student Loans \_\_\_\_\_  
Credit Cards \_\_\_\_\_  
Other \_\_\_\_\_  
Total \_\_\_\_\_

**PROFESSIONAL SERVICES**

Financial Planner \_\_\_\_\_  
Accountant \_\_\_\_\_  
Total \_\_\_\_\_

**ENTERTAINMENT**

Dining Out \_\_\_\_\_  
Sports Tickets \_\_\_\_\_  
Theater Tickets \_\_\_\_\_  
Recreation/ Hobbies \_\_\_\_\_  
Movies/ Videos \_\_\_\_\_  
Club Membership Fees \_\_\_\_\_  
Other \_\_\_\_\_  
Total \_\_\_\_\_

**VACATIONS AND HOLIDAY**

Travel Tickets \_\_\_\_\_  
Hotels \_\_\_\_\_  
Food \_\_\_\_\_  
Entertainment \_\_\_\_\_  
Auto \_\_\_\_\_  
Other \_\_\_\_\_  
Total \_\_\_\_\_

**CHARITABLE CONTRIBUTIONS**

Favorite Charity	_____	_____
Cash Donations	_____	_____
Other	_____	_____
Total	_____	_____

**GIFTS**

Holidays	_____	_____
Birthdays	_____	_____
Anniversaries	_____	_____
Weddings	_____	_____
Other	_____	_____
Total	_____	_____

**PETS**

Food	_____	_____
Veterinarian	_____	_____
Pet Insurance/ Other	_____	_____
Total	_____	_____

**Other Insurance**

Life Insurance	_____	_____
Disability Insurance	_____	_____
Long-Term Care Insurance	_____	_____
Liability/Umbrella Insurance	_____	_____
Cancer Insurance	_____	_____
Critical Illness Insurance	_____	_____
Medicare Supplement	_____	_____
Medicare Part D (Drug Coverage)	_____	_____
Other	_____	_____
Total	_____	_____

**MISCELLANEOUS**

Support/ Alimony	_____	_____
Boat Expenses	_____	_____
Vacation Property Expenses	_____	_____
Other	_____	_____
Other	_____	_____
Total	_____	_____

**TOTAL SPENDING:**

**SAVINGS PLANS**

% Per Paycheck to 401(k) - Client 1	_____	_____
% Per Paycheck to 401(k) - Client 2	_____	_____
Annual IRA Contribution - Client 1	_____	_____
Annual IRA Contribution - Client 2	_____	_____
Health Savings Accounts	_____	_____
Flexible Spending Account	_____	_____
Other	_____	_____
Total	_____	_____