

Expense Worksheet

Client's Name: _____

Date: _____

	Monthly	or	Annual
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	_____		_____
Pool Service	_____		_____
Lawn Service	_____		_____
Cleaning Service	_____		_____
Maintenance/ 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

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

Other

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	_____	_____

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	_____	_____

TOTAL EXPENSE

Total	_____	_____
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