

Financial Planning Expense Worksheet

Name:	Date:

Housing	Monthly	Annual
Mortgage		
Condo Fees/Association Fee		
Electricity/Gas		
Water		
Garbage Removal		
Telephone/Personal Computer		
Cable/Satellite TV/Internet		
Security System		
Pool Service		
Lawn Service		
Maid Service		
Maintenance/ Improvements		
Property Taxes		
Pest/Bug Service		
Home Owners Insurance/Other		
TOTAL	\$	\$
Child Care	Monthly	Annual
Support Payments		
Daycare/Education		
Sports Activities		
Other		
TOTAL	\$	\$
Transportation	Monthly	
	Monthly	Annual
Loan/Lease Payment #1	Monthly	Annual
Loan/Lease Payment #1 Loan/Lease Payment #2	Monthly	Annual
·	Monthly	Annual
Loan/Lease Payment #2	Monthly	Annual
Loan/Lease Payment #2 Loan/Lease Payment #3	Monthly	Annual
Loan/Lease Payment #2 Loan/Lease Payment #3 Gasoline		Annual
Loan/Lease Payment #2 Loan/Lease Payment #3 Gasoline Maintenance/Improvements		Annual
Loan/Lease Payment #2 Loan/Lease Payment #3 Gasoline Maintenance/Improvements Registration/Inspection/Excise Tax	\$	\$
Loan/Lease Payment #2 Loan/Lease Payment #3 Gasoline Maintenance/Improvements Registration/Inspection/Excise Tax Auto Insurance		
Loan/Lease Payment #2 Loan/Lease Payment #3 Gasoline Maintenance/Improvements Registration/Inspection/Excise Tax Auto Insurance TOTAL	\$	\$
Loan/Lease Payment #2 Loan/Lease Payment #3 Gasoline Maintenance/Improvements Registration/Inspection/Excise Tax Auto Insurance TOTAL Groceries	\$	\$
Loan/Lease Payment #2 Loan/Lease Payment #3 Gasoline Maintenance/Improvements Registration/Inspection/Excise Tax Auto Insurance TOTAL Groceries Food/Beverages	\$	\$
Loan/Lease Payment #2 Loan/Lease Payment #3 Gasoline Maintenance/Improvements Registration/Inspection/Excise Tax Auto Insurance TOTAL Groceries Food/Beverages Household Supplies	\$	\$

Clothing		Monthly	Annual
Adult #1			
Adult #2			
Children			
	TOTAL	\$	\$
Furnishings		Monthly	Annual
Inside/Outside			
	TOTAL	\$	\$
Personal Care and Cash		Monthly	Annual
Dry Cleaning			
Hair/Nails/Facials			
Cosmetics/Shoe Shine			
Massage			
Health Club			
Other			
	TOTAL	\$	\$
Medical/Dental/Vision		Monthly	Annual
Co-Pays / Deductibles			
Prescriptions / Health Car	e Costs		
Vitamins			
Other			
	TOTAL	\$	\$
Education/Self Improver	nent	Monthly	Annual
Private School / College			
Classes / Books / Paper			
Association Fees / Subscr	iptions		
Hobbies / Other			
	TOTAL	\$	\$
Installment Debt Payme	nts	Monthly	Annual
Student Loans			
Credit Cards			
Other			
	TOTAL	\$	\$
Professional Services		Monthly	Annual
Financial Planner			
Accountant			
Attorney			
	TOTAL	\$	\$



Entertainment	Monthly	Annual	Gifts		Monthly	Annual
Dining Out			Holidays			
Sports Tickets			Birthdays			
Theater Tickets			Weddings			
Recreation / Hobbies			Other			
Movies / Videos				TOTAL	\$	\$
Club Membership Fees			Pets		Monthly	Annual
Other			Food			
TOTAL	\$	\$	Veterinarian			
Vacations and Holiday			Pet Insurance/Other			
Travel Tickets				TOTAL	\$	\$
Hotels			Miscellaneous			
Food			Support/Alimony			
Entertainment						
Auto						
Other						
TOTAL	\$	\$				
Charitable Contributions						
Favorite Charity						
Cash Donations						
Other						
TOTAL	\$	\$		TOTAL	\$	\$

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