



Client Name: \_\_\_\_\_

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

## Budget Worksheet

NET INCOME: \_\_\_\_\_

### *Expenses:*

#### **Living Expenses:**

Mortgage/Rent:	_____
2 <sup>nd</sup> Mortgage:	_____
Home Insurance:	_____
Property Taxes:	_____
Assessment:	_____
Condo Fees:	_____
Dining Out:	_____
Lunch at Work:	_____
Groceries:	_____
Bedding/Linens:	_____
Pet Expenses:	_____
Postage:	_____
_____	_____
_____	_____

#### **Home Maintenance Expenses:**

Furniture:	_____
Interior Repairs:	_____
Home Supplies:	_____
House Cleaning:	_____
Decorating:	_____
Lawn Mowing:	_____
Landscaper:	_____
Snow Blowing:	_____
Furnace Filters:	_____
Garbage:	_____
Security System:	_____
Water Softener Salt:	_____
Tree Trimming:	_____
Spring/Fall Cleanup:	_____
House Painting:	_____
Gardening:	_____
Plumber:	_____
Room Maintenance:	_____
Irrigation:	_____
Pest Maintenance:	_____
Water System:	_____
_____	_____
_____	_____

**Personal Expenses:**

Clothing: \_\_\_\_\_  
Hosiery: \_\_\_\_\_  
Shoes: \_\_\_\_\_  
Haircuts: \_\_\_\_\_  
Beauty Salon: \_\_\_\_\_  
Jewelery: \_\_\_\_\_  
Beauty Supplies: \_\_\_\_\_  
Massage: \_\_\_\_\_  
Manicure/Pedicure: \_\_\_\_\_  
Alterations/Repairs: \_\_\_\_\_  
Dry Cleaning: \_\_\_\_\_  
Spousal Maintenance: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Utilities:**

Electricity: \_\_\_\_\_  
Gas: \_\_\_\_\_  
Water: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Cable TV: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Long Distance: \_\_\_\_\_  
Pager: \_\_\_\_\_  
Voicemail: \_\_\_\_\_  
DSL/Internet: \_\_\_\_\_  
Sewer/Septic: \_\_\_\_\_  
Firewood: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Transportation:**

Car Loan/Lease: \_\_\_\_\_  
Gas: \_\_\_\_\_  
Car Insurance: \_\_\_\_\_  
Vehicle Tabs: \_\_\_\_\_  
Car Washes: \_\_\_\_\_  
Oil Changes: \_\_\_\_\_  
Parking: \_\_\_\_\_  
Maintenance: \_\_\_\_\_  
Repairs: \_\_\_\_\_  
Bus Pass: \_\_\_\_\_  
Bikes: \_\_\_\_\_  
Car Savings: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Medical:**

Doctor Visits: \_\_\_\_\_  
Health Insurance: \_\_\_\_\_

Eyeglasses/contacts: \_\_\_\_\_  
Dental: \_\_\_\_\_  
Medications: \_\_\_\_\_  
Medicare Supplements: \_\_\_\_\_  
LTC Insurance: \_\_\_\_\_  
Life Insurance: \_\_\_\_\_  
Disability Insurance: \_\_\_\_\_  
Vitamins: \_\_\_\_\_  
Non-Reimbursable: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Recreation:**

Hobbies: \_\_\_\_\_  
Relaxation: \_\_\_\_\_  
Sport Activities: \_\_\_\_\_  
Vacation: \_\_\_\_\_  
Theatre: \_\_\_\_\_  
Sports Events: \_\_\_\_\_  
Movies: \_\_\_\_\_  
Entertainment: \_\_\_\_\_  
Home Entertaining: \_\_\_\_\_  
Boat Expenses: \_\_\_\_\_  
Boat Insurance: \_\_\_\_\_  
Watercraft Expenses: \_\_\_\_\_  
Watercraft Insurance: \_\_\_\_\_  
Pool Expenses: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Memberships:**

AAA: \_\_\_\_\_  
Golf Club: \_\_\_\_\_  
Country Club: \_\_\_\_\_  
Sam's Club: \_\_\_\_\_  
Costco: \_\_\_\_\_  
Golf League: \_\_\_\_\_  
Bowling League: \_\_\_\_\_  
Other Leagues: \_\_\_\_\_  
Health/Fitness Club: \_\_\_\_\_  
Fish/Hunt Licenses: \_\_\_\_\_  
Union Dues: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Debit/Credit Cards:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Savings:**

401k/457/403b: \_\_\_\_\_  
Roth/Traditional IRA: \_\_\_\_\_  
Deferred Comp: \_\_\_\_\_  
Liquid Money: \_\_\_\_\_  
VUL Insurance: \_\_\_\_\_  
Annuity: \_\_\_\_\_  
Spending Money: \_\_\_\_\_  
529/Ed IRA/UTMA: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Miscellaneous:**

School Expenses: \_\_\_\_\_  
Paper/copies: \_\_\_\_\_  
Laundry: \_\_\_\_\_  
Cards/Gifts: \_\_\_\_\_  
Donations: \_\_\_\_\_  
Travel: \_\_\_\_\_  
Cigarettes: \_\_\_\_\_  
Alcohol: \_\_\_\_\_  
Magazines: \_\_\_\_\_  
Books: \_\_\_\_\_  
Accountant Fees: \_\_\_\_\_  
Financial Fees: \_\_\_\_\_  
Attorney Fees: \_\_\_\_\_  
Income Taxes: \_\_\_\_\_  
Safe Deposit Box: \_\_\_\_\_  
Newspapers: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Kids Expenses:**

Clothing: \_\_\_\_\_  
Shoes: \_\_\_\_\_  
Food: \_\_\_\_\_  
Transportation: \_\_\_\_\_  
School Expenses: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Lunch Money: \_\_\_\_\_  
Personal Supplies: \_\_\_\_\_  
Haircuts: \_\_\_\_\_  
Babysitter: \_\_\_\_\_  
Nanny: \_\_\_\_\_  
Child Support: \_\_\_\_\_  
Day Care: \_\_\_\_\_  
Diapers: \_\_\_\_\_  
Diaper Service: \_\_\_\_\_

Medical: \_\_\_\_\_  
Summer Camp: \_\_\_\_\_  
Activities: \_\_\_\_\_  
Lessons: \_\_\_\_\_  
Parenting Consultant: \_\_\_\_\_  
Supervision: \_\_\_\_\_  
Allowance: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

KIDS EXPENSES \_\_\_\_\_  
PERSONAL EXPENSES \_\_\_\_\_  
TOTAL EXPENSES: \_\_\_\_\_  
SHORT/OVER: \_\_\_\_\_