



MONTHLY BUDGET CALCULATION WORKSHEET

HOME	AMOUNT	DAILY LIVING	AMOUNT	ANALYSIS
MORTGAGE/RENT		GROCERIES		
HOME/RENTAL INSURANCE		PERSONAL SUPPLIES		TOTAL INCOME
GAS/OIL/ELECTRIC		CLOTHING		TOTAL NET INCOME
WATER/SEWER/TRASH		CLEANING		TOTAL EXPENSES
PHONE		EDUCATION/LESSONS		TOTAL HOME
CABLE/SATELLITE		DINING/EATING OUT		TOTAL TRANSPORTATION
INTERNET		HAIR SALON		TOTAL HEALTH
FURNISHINGS/APPLIANCES		OTHER		TOTAL CHARITY/GIFTS
LAWN/GARDEN		TOTAL DAILY LIVING		TOTAL SUBSCRIPTIONS
MAINTENANCE/SUPPLIES				TOTAL DAILY LIVING
IMPROVEMENTS		ENTERTAINMENT		TOTAL ENTERTAINMENT
OTHER		VIDEOS/DVDS		TOTAL SAVINGS
TOTAL HOME		MUSIC		TOTAL OBLIGATIONS
		RENTALS		TOTAL MISCELLANEOUS
TRANSPORTATION		MOVIES/THEATER		TOTAL INCOME NEED TAB 3
AUTO LOANS		CONCERTS/PLAYS		
AUTO INSURANCE		BOOKS		TOTAL CASH FLOW
REGISTRATION/LICENSE		SPORTS/HOBBIES		
FUEL		OUTDOOR RECREATION		
REPAIRS		VACATION/TRAVEL		
OTHER		OTHER		
TOTAL TRANSPORTATION		TOTAL ENTERTAINMENT		
HEALTH		SAVINGS		
HEALTH INSURANCE		EMERGENCY FUND		
DOCTOR/DENTIST		TRANSFER TO SAVINGS		
MEDICINE/DRUGS		INVESTMENTS		
HEALTH CLUB DUES		EDUCATION		
LIFE, LTC INSURANCE		OTHER		
VETERINARIAN/PET CARE		TOTAL SAVINGS		
OTHER				
TOTAL HEALTH		OBLIGATIONS		
		STUDENT LOANS		
CHARITY/GIFTS		OTHER LOANS		
GIFTS GIVEN		CREDIT CARDS		
CHARITABLE DONATIONS		ALIMONY/CHILD SUPPORT		
OTHER		OTHER		
TOTAL CHARITY/GIFTS		TOTAL OBLIGATIONS		
SUBSCRIPTIONS		MISCELLANEOUS		
NEWSPAPER/MAGAZINES		BANK FEES		
DUES/MEMBERSHIPS		POSTAGE		
OTHER		OTHER		
TOTAL SUBSCRIPTIONS		TOTAL MISCELLANEOUS		

CLIENT INITIALS _____ CLIENT INITIALS _____ DATE _____ ADVISOR INITIALS _____ DATE _____