

**FINANCIAL PLANNING EXPENSE WORKSHEET**

	MONTHLY	ANNUAL	START/END DATE
<b>HOUSING</b>			
Utilities			
Electricity/ Gas			
Water			
Telephone			
Cable/Satellite/DSL			
Maintenance			
Security System			
Maid Service			
Lawn Service			
Garbage Pickup			
Rent			
Community Dues			
Other			
Other			
Other			
Other			
Total:	\$0.00	\$0.00	
<b>INSTALLMENT DEBT</b>			
Mortgage(s)			
Student Loan(s)			
Credit Card(s)			
Other			
Other			
Total:	\$0.00	\$0.00	
<b>CHILD CARE</b>			
Daycare			
Sports Activities			
Other			
Total:	\$0.00	\$0.00	
<b>FOOD/BEVERAGES</b>			
Groceries			
Wine/Beer/etc.			
Household Supplies			
Other			
Total:	\$0.00	\$0.00	
<b>TRANSPORTATION</b>			
Loan/Lease			
Gas			
Maintenance			
Tags/Inspection			
Other			
Total:	\$0.00	\$0.00	

	MONTHLY	ANNUAL	START/END DATE
<b>ENTERTAINMENT</b>			
Dining Out			
Sports Tickets			
Theater Tickets			
Hobbies			
Movies/Videos			
Clubs			
Other			
Other			
Total:	\$0.00	\$0.00	
<b>PERSONAL CARE</b>			
Dry Cleaning			
Health Club			
Vitamins/Non-			
Prescribed Medicaiton			
Other			
Other			
Total:	\$0.00	\$0.00	
<b>CLOTHING</b>			
Client A			
Client B			
Children			
Total:	\$0.00	\$0.00	
<b>FURNISHINGS</b>			
Indoor			
Outdoor			
Total:	\$0.00	\$0.00	
<b>EDUCATION</b>			
Private School/College			
Classes			
Other			
Other			
Total:	\$0.00	\$0.00	
<b>VACATIONS &amp; HOLIDAYS</b>			
Airfare			
Hotels			
Food			
Entertainment			
Auto			
Other			
Other			
Total:	\$0.00	\$0.00	

	MONTHLY	ANNUAL	START/END DATE
<b>GIFTS</b>			
Holidays			
Birthdays			
Weddings			
Other			
Total:	\$0.00	\$0.00	
<b>PETS</b>			
Food			
Veterinarian			
Other			
Total:	\$0.00	\$0.00	
<b>MISCELLANEOUS</b>			
Other			
Other			
Other			
Total:	\$0.00	\$0.00	
<b>ALIMONY</b>			
Total:	\$0.00	\$0.00	
<b>MEDICAL EXPENSES</b>			
Co-Pay			
Deductible			
Prescribed Medication			
Dental			
Contacts/Eyeglasses			
Other			
Total:	\$0.00	\$0.00	
<b>REAL ESTATE AND PROPERTY TAXES</b>			
Total:			
<b>GIFTS TO CHARITY</b>			
House of Worship			
Other			
Other			
Other			
Total:	\$0.00	\$0.00	
<b>EMPLOYMENT/BUSINESS EXPENSES</b>			
<b>GENERAL</b>			
Other			
Other			
Other			
Total:	\$0.00	\$0.00	

Monthly grand total this sheet: **\$0.00**  
Annual grand total this sheet: **\$0.00**

**FINANCIAL PLANNING EXPENSE WORKSHEET**

	MONTHLY	ANNUAL	START/END DATE		MONTHLY	ANNUAL	START/END DATE	ADDITIONAL NOTES
<b>UNREIMBURSED EMPLOYEE EXPENSES</b>				<b>LIFE INSURANCE</b>				
				Policy 1				
				Policy 2				
				Policy 3				
				Policy 4				
				Total:	\$0.00	\$0.00		
				<b>DISABILITY INSURANCE</b>				
				Policy 1				
				Policy 2				
				Policy 3				
				Policy 4				
				Total:	\$0.00	\$0.00		
				<b>LONG-TERM CARE INSURANCE</b>				
				Policy 1				
				Policy 2				
				Total:	\$0.00	\$0.00		
				<b>GENERAL INSURANCE</b>				
				Policy 1				
				Policy 2				
				Policy 3				
				Total:	\$0.00	\$0.00		
				<b>HOMEOWNERS INSURANCE</b>				
				Policy 1				
				Policy 2				
				Policy 3				
				Total:	\$0.00	\$0.00		
				<b>MEDICAL INSURANCE</b>				
				Policy 1				
				Policy 2				
				Policy 3				
				Total:	\$0.00	\$0.00		
				<b>AUTO INSURANCE</b>				
				Policy 1				
				Policy 2				
				Policy 3				
				Total:	\$0.00	\$0.00		
				<b>OTHER</b>				
				Policy 1				
				Policy 2				
				Policy 3				
				Total:	\$0.00	\$0.00		
				<b>MISCELLANEOUS DEDUCTIBLE EXPENSES (Subject to 2% Limit)</b>				
				Total:	\$0.00	\$0.00		
				<b>MISCELLANEOUS DEDUCTIBLE EXPENSES (Above the Line)</b>				
				Total:	\$0.00	\$0.00		
				<b>MISCELLANEOUS DEDUCTIBLE EXPENSES (Itemized)</b>				
				Total:	\$0.00	\$0.00		

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Monthly grand total this sheet: **\$0.00**      Monthly grand total conv to annual: **\$0.00**  
 Annual grand total this sheet: **\$0.00**      **Grand Total all Expenses: \$0.00**