

Client's Name: _____

Expense Worksheet

Date: _____

| | Monthly | or | Annual |
|---------------------------|----------|----|----------|
| HOUSING | | | |
| Mortgage / Rent | _____ | | _____ |
| Condo/Assoc/CDD Fees | _____ | | _____ |
| Electricity/ Gas | _____ | | _____ |
| Water | _____ | | _____ |
| Garbage Removal | _____ | | _____ |
| Telephone/ PC | _____ | | _____ |
| Cable/ Sattelite/Internet | _____ | | _____ |
| Security System | _____ | | _____ |
| Pool Service | _____ | | _____ |
| Lawn Service | _____ | | _____ |
| Maid Service | _____ | | _____ |
| Maintenance/Improvements | _____ | | _____ |
| Property Taxes | _____ | | _____ |
| Pest/ Bug Service | _____ | | _____ |
| Homeowner's Insurance | _____ | | _____ |
| Umbrella Insurance | _____ | | _____ |
| Total | <u>0</u> | | <u>0</u> |

| | | | |
|--------------------|----------|--|----------|
| CHILD CARE | | | |
| Support Payments | _____ | | _____ |
| Daycare/ Education | _____ | | _____ |
| Sports Activities | _____ | | _____ |
| Other | _____ | | _____ |
| Total | <u>0</u> | | <u>0</u> |

| | | | |
|-------------------------|-------|--|-------|
| TRANSPORTATION | | | |
| Auto Insurance | _____ | | _____ |
| Loan/ Lease Payment #1 | _____ | | _____ |
| Loan/ Lease Payment #2 | _____ | | _____ |
| Loan/ Lease Payment #3 | _____ | | _____ |
| Gasoline | _____ | | _____ |
| Maintenance | _____ | | _____ |
| Registration/Inspection | _____ | | _____ |
| Other | _____ | | _____ |
| Total | _____ | | _____ |

| | | | |
|--------------------|-------|--|-------|
| GROCERIES | | | |
| Food/ Beverages | _____ | | _____ |
| Household supplies | _____ | | _____ |
| Other | _____ | | _____ |
| Total | _____ | | _____ |

| | Monthly | or | Annual |
|-----------------|---------|----|--------|
| 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 / Appointments | _____ | | _____ |
| Prescriptions | _____ | | _____ |
| Vitamins / Other | _____ | | _____ |
| Total | _____ | | _____ |

| | | | |
|-----------------------------------|-------|--|-------|
| EDUCATION SELF IMPROVEMENT | | | |
| Private School/ College | _____ | | _____ |
| Classes/ Books/ Paper | _____ | | _____ |
| Assoc. Fees/ Subscriptions | _____ | | _____ |
| Hobbies/ Other | _____ | | _____ |
| Total | _____ | | _____ |

| | | | |
|----------------------------------|-------|--|-------|
| INSTALLMENT DEBT PAYMENTS | | | |
| Student Loans | _____ | | _____ |
| Credit Cards | _____ | | _____ |
| Other | _____ | | _____ |
| Total | _____ | | _____ |

| | | | |
|------------------------------|-------|--|-------|
| PROFESSIONAL SERVICES | | | |
| Financial Advisor | _____ | | _____ |
| Accountant | _____ | | _____ |
| Other | _____ | | _____ |
| Total | _____ | | _____ |

| | Monthly | or | Annual |
|----------------------|---------|----|--------|
| 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 | _____ | | _____ |
| Weddings | _____ | | _____ |
| Other | _____ | | _____ |
| Total | _____ | | _____ |

| | | | |
|----------------------|-------|--|-------|
| PETS | | | |
| Food | _____ | | _____ |
| Veterinarian | _____ | | _____ |
| Pet Insurance/ Other | _____ | | _____ |
| Grooming / Boarding | _____ | | _____ |
| Total | _____ | | _____ |

| | | | |
|----------------------|-------|--|-------|
| MISCELLANEOUS | | | |
| Support/ Alimony | _____ | | _____ |
| Other | _____ | | _____ |
| Other | _____ | | _____ |
| Total | _____ | | _____ |