

WORKSHEET: Budgeting

Pre-Divorce
 Post-Divorce

Make two copies of this budget, one with the "Pre-Divorce" box checked and one with the "Post-Divorce" box checked.

	MONTHLY EXPENSES	ANNUAL EXPENSES		MONTHLY EXPENSES	ANNUAL EXPENSES
HOME EXPENSES			CLOTHING EXPENSES		
Homeowners Association Fee	\$ _____	\$ _____	Clothing	\$ _____	\$ _____
Home Equity Loan	\$ _____	\$ _____	Laundry/Dry Cleaning	\$ _____	\$ _____
Property Taxes	\$ _____	\$ _____	Total Clothing Expenses	\$ _____	\$ _____
Telephone	\$ _____	\$ _____			
Cellphone/Pager	\$ _____	\$ _____			
Internet	\$ _____	\$ _____			
Security System	\$ _____	\$ _____	ENTERTAINMENT/RECREATION		
Cable/Satellite	\$ _____	\$ _____	Entertainment (Excludes Dining Out)	\$ _____	\$ _____
Electricity	\$ _____	\$ _____	Videos/CDs/DVDs	\$ _____	\$ _____
Gas	\$ _____	\$ _____	Hobbies	\$ _____	\$ _____
Water/Garbage	\$ _____	\$ _____	Movies & Theater	\$ _____	\$ _____
Landscape Maintenance/Lawn	\$ _____	\$ _____	Vacations/Travel	\$ _____	\$ _____
Snow Removal	\$ _____	\$ _____	Classes/Lessons	\$ _____	\$ _____
Exterminator	\$ _____	\$ _____	Total Entertainment/Recreation Expenses	\$ _____	\$ _____
General Home Repairs/Maintenance	\$ _____	\$ _____			
Home Improvements/Upgrades	\$ _____	\$ _____	MEDICAL		
Housecleaning	\$ _____	\$ _____	<small>(After or not covered by insurance; excludes children)</small>		
Misc. Household/Pool	\$ _____	\$ _____	Physicians	\$ _____	\$ _____
Total Home Expenses	\$ _____	\$ _____	Dental/Orthodontist	\$ _____	\$ _____
			Optometry/Glasses/Contacts	\$ _____	\$ _____
FOOD			Prescriptions	\$ _____	\$ _____
Groceries	\$ _____	\$ _____	Total Medical Expenses	\$ _____	\$ _____
Dining Out	\$ _____	\$ _____			
Total Food Expenses	\$ _____	\$ _____			

Securities and advisory services offered through LPL Financial, a registered investment advisor, Member FINRA/SIPC. Second Saturday and IDFA are separate entities from LPL Financial.

Second Saturday, Private Wealth, and LPL Financial do not offer tax or legal advice or services.

	MONTHLY EXPENSES	ANNUAL EXPENSES
INSURANCE		
Life Insurance	\$ _____	\$ _____
Health	\$ _____	\$ _____
Disability	\$ _____	\$ _____
Long-Term Care	\$ _____	\$ _____
Home	\$ _____	\$ _____
Auto	\$ _____	\$ _____
Other (Umbrella, Boat, Cottage, etc.)	\$ _____	\$ _____
Total Insurance Expenses	\$ _____	\$ _____

	MONTHLY EXPENSES	ANNUAL EXPENSES
TRANSPORTATION		
Auto Payment	\$ _____	\$ _____
Fuel	\$ _____	\$ _____
Repair/Maintenance	\$ _____	\$ _____
License	\$ _____	\$ _____
Public Transportation	\$ _____	\$ _____
Total Transportation Expenses	\$ _____	\$ _____

	MONTHLY EXPENSES	ANNUAL EXPENSES
MISCELLANEOUS		
Postage	\$ _____	\$ _____
Gifts/Holiday Expenses	\$ _____	\$ _____
Vitamins/Non-Prescription Drugs	\$ _____	\$ _____
Toiletries	\$ _____	\$ _____
Beauty Salon/Hair/Nails	\$ _____	\$ _____
Pet Care/Vet	\$ _____	\$ _____
Books/Newspapers/Magazines	\$ _____	\$ _____
Donations	\$ _____	\$ _____
Memberships/Clubs	\$ _____	\$ _____
Miscellaneous	\$ _____	\$ _____
Credit Card	\$ _____	\$ _____
Total Misc. Expenses	\$ _____	\$ _____

	MONTHLY EXPENSES	ANNUAL EXPENSES
OTHER PAYMENTS		
Quarterly Taxes & Add'l Tax Payments	\$ _____	\$ _____
Spousal Support Payments	\$ _____	\$ _____
Child Support Payments	\$ _____	\$ _____
Eldercare Expenses	\$ _____	\$ _____
Professional Fees (Accounting, Financial Planning, Legal, etc.)	\$ _____	\$ _____
Service Fees (Banks, Investments, etc.)	\$ _____	\$ _____
Total Other Payments Expenses	\$ _____	\$ _____

TOTAL EXPENSES (Excluding Children)	\$ _____	\$ _____
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	MONTHLY EXPENSES	ANNUAL EXPENSES
CHILD-RELATED EXPENSES		
Education/Tuition	\$ _____	\$ _____
School Lunches	\$ _____	\$ _____
Counselor	\$ _____	\$ _____
Sports/Camps/Lessons	\$ _____	\$ _____
Hobbies/Field Trips/School Activities	\$ _____	\$ _____
Toys/Games	\$ _____	\$ _____
Boy-Scout/Girl-Guide Dues	\$ _____	\$ _____
Clothing	\$ _____	\$ _____
Medical	\$ _____	\$ _____
Dental/Orthodontics*	\$ _____	\$ _____
Optometry/Glasses/Contacts*	\$ _____	\$ _____
Prescriptions*	\$ _____	\$ _____
Allowances	\$ _____	\$ _____
Miscellaneous/Haircuts	\$ _____	\$ _____
Total Child-Related Expenses	\$ _____	\$ _____
* Not Covered by Insurance		

TOTAL EXPENSES	\$ _____	\$ _____
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