EXPENSE WORKSHEET (Please provide monthly or annual expenses below)

TOTAL _____

REAL ESTATE	PERSONAL	INSURANCE PREMIUMS
Mortgage/Rent	Food at Home	Homeowner Insurance
House #1	Dining out	House #1
House #2	Clothing	House #2
	Entertainment/Recreation	
Property Taxes	(movies, events, etc.)	Car Insurance
House #1	Vacation/Travel	Car #1
House #2	Subscriptions	Car #2
	Charitable Contributions	
Maintenance	Hobbies/Lessons	Medical Insurance
Landscaping	Dry Cleaning	Life Insurance
House Repairs	Gifts	Long-Term Care
Condo Fees	Memberships/Dues	Health
Home Furnishings	(country club, fitness, etc.)	Disability
Household Help	Child Support	Dental Care/Insurance
Waste Removal	Childcare	Eye Care
Waste Kellioval	Professional Fees	Therapy Counseling
Utilities	(tax prep, legal services, etc.)	Rx Co-payments
Electricity	Education	To be paymented
	Pet/Vet Bills	TOTAL
Heating Water	Cash/Spending Money	TOTAL
Cable/Internet		
	TOTAL	
Telephone/Fax		
Cell Phone		
Other		
TOTAL		
TOTAL		
	SUMMARY OF EXPENSES	S
AUTOMOBILE		
Payments (Loan or Lease?)	Total Real Estate	
Car #1	Total Personal	
Car #2	Total Automobile	
Maintenance/Repair Car #1	Total Insurance	
Car #2		
	TOTAL EXPENSES _	
Gasoline		
Car #1		
Car #2	PLEASÉ PROVIDÉ COF	PIES OF THE FOLLOWING DOCUMENTS:
	Most recent investmen	nt statements (Batirament and Nan Batirament)
Parking/Tolls	 Most recent investment statements (Retirement and Non-Retirement) Most recent personal tax return 	
Car #2	Most recent estate planning documents (wills, trusts, etc.)	

• Insurance policy schedule pages (life, auto, homeowners, umbrella)