

ANNUAL LIVING EXPENSE (today's dollars)

Total Household Income After Tax

Expense Worksheet

Monthly or Annually

	<u>ACTUAL</u>	<u>ESTIMATED</u>
<u>Housing Expenses</u>		
Rent or Mortgage	<input type="text"/>	<input type="text"/>
Improvements, Maintenance	<input type="text"/>	<input type="text"/>
Utilities (power, water, garbage, phone, cable)	<input type="text"/>	<input type="text"/>
Furniture, Appliances, Household Goods	<input type="text"/>	<input type="text"/>
Services (housekeeper, gardener)	<input type="text"/>	<input type="text"/>
Property Taxes	<input type="text"/>	<input type="text"/>
Other (Condo/Homeowners fee, insurance)	<input type="text"/>	<input type="text"/>
<u>Food</u>		
Groceries	<input type="text"/>	<input type="text"/>
Dining Out (coffee, snacks)	<input type="text"/>	<input type="text"/>
<u>Transportation</u>		
Gas & Oil	<input type="text"/>	<input type="text"/>
Auto Insurance	<input type="text"/>	<input type="text"/>
Repairs, Maintenance	<input type="text"/>	<input type="text"/>
Parking, Tolls, Mass Transit	<input type="text"/>	<input type="text"/>
DMV Registration	<input type="text"/>	<input type="text"/>
<u>Personal Expenses</u>		
Personal Items, Clothing	<input type="text"/>	<input type="text"/>
Personal Care	<input type="text"/>	<input type="text"/>
Pets / Vet Bills	<input type="text"/>	<input type="text"/>
Recreation, Entertainment	<input type="text"/>	<input type="text"/>
Gifts (non charitable donations)	<input type="text"/>	<input type="text"/>
Charitable Donations	<input type="text"/>	<input type="text"/>
Books, Subscriptions, Hobby Expenses	<input type="text"/>	<input type="text"/>
Childcare	<input type="text"/>	<input type="text"/>
Travel & Vacation	<input type="text"/>	<input type="text"/>
Life & Disability Insurance Premiums	<input type="text"/>	<input type="text"/>
Other	<input type="text"/>	<input type="text"/>
<u>Medical Expenses</u>		
Medical & Dental Insurance	<input type="text"/>	<input type="text"/>
Medical, Dental, Vision, Chiropractor expenses	<input type="text"/>	<input type="text"/>
Prescriptions	<input type="text"/>	<input type="text"/>
TOTAL	<hr/> <hr/>	<hr/> <hr/>