



# Client Living Expenses Worksheet

\_\_\_\_\_  
*Client Name*

\_\_\_\_\_  
*Co-Client Name*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Planner*

## Regular Living Expenses

*If expense doesn't apply,  
just leave row blank.*

*Enter amount in  
whole dollars*

*Circle one:  
"A" = Annual  
"S" = Semi-Annual  
"Q" = Quarterly  
"M" = Monthly*

*If appropriate, note if  
expense is a:  
1. Misc. deductible expense  
2. Job-related expense  
3. Other tax related (explain)*

*Circle "M" or  
"D"*

*Enter  
estimated  
%*

Name of Expense	Amount	Frequency	Type of Expense	Mandatory Or Discretionary	Growth Rate
<b>Housing</b>					
Cable / Internet		A S Q M		M D	
Home Furnishings		A S Q M		M D	
Home Maintenance & Repair		A S Q M		M D	
Home Security		A S Q M		M D	
Homeowner's Association		A S Q M		M D	
Homeowner's Insurance		A S Q M		M D	
Lawn & Garden Maintenance		A S Q M		M D	
Maid / Cleaning Service		A S Q M		M D	
Mortgage (Interest) <i>(see also below)</i>		A S Q M		M D	
Mortgage (Principal) <i>(see also below)</i>		A S Q M		M D	
Property Taxes		A S Q M		M D	
Rent		A S Q M		M D	
Utilities: Telephone & Cell Phone		A S Q M		M D	
Utilities: Water / Sewer		A S Q M		M D	
Utilities: Trash / Garbage		A S Q M		M D	
Utilities: Heat & Electricity		A S Q M		M D	
<i>Other (Describe)</i>		A S Q M		M D	

<b>Food</b>									
Groceries		A	S	Q	M		M	D	
Dining Out		A	S	Q	M		M	D	
Lunches, Coffee & Snacks		A	S	Q	M		M	D	
Wine		A	S	Q	M		M	D	
<i>Other (Describe)</i>		A	S	Q	M		M	D	

<b>Personal Expenses</b>									
Clothing Purchases		A	S	Q	M		M	D	
Dry Cleaning		A	S	Q	M		M	D	
Kids' Clothing		A	S	Q	M		M	D	
Kids' Supplies		A	S	Q	M		M	D	
Laundry / Tailor		A	S	Q	M		M	D	
Personal Care ( <i>haircuts, manicure, massage, etc.</i> )		A	S	Q	M		M	D	
Personal Care Products ( <i>shampoo, makeup, perfume, etc.</i> )		A	S	Q	M		M	D	
Shoes & Accessories		A	S	Q	M		M	D	
<i>Other (Describe)</i>		A	S	Q	M		M	D	

<b>Medical Expenses</b>									
Doctors & Dentists		A	S	Q	M		M	D	
General Medical		A	S	Q	M		M	D	
Health Insurance		A	S	Q	M		M	D	
Misc Treatment ( <i>Chiropractic, etc.</i> )		A	S	Q	M		M	D	
Prescription Medications		A	S	Q	M		M	D	
<i>Other (Describe)</i>		A	S	Q	M		M	D	

<b>Entertainment</b>									
Books / Papers / Magazines		A	S	Q	M		M	D	
Personal Media ( <i>DVDs, CDs, etc.</i> )		A	S	Q	M		M	D	
Movies & Movie Rentals		A	S	Q	M		M	D	
Concerts, Theater & Events		A	S	Q	M		M	D	
Home Entertaining		A	S	Q	M		M	D	
<i>Other (Describe)</i>		A	S	Q	M		M	D	

<b>Other Insurance</b>									
Disability Insurance		A	S	Q	M		M	D	
(Permanent) Life Insurance		A	S	Q	M		M	D	
(Term) Life Insurance		A	S	Q	M		M	D	
Liability Insurance		A	S	Q	M		M	D	

Flood / Earthquake Insurance		A	S	Q	M		M	D	
Other (Describe)		A	S	Q	M		M	D	

<b>Transportation</b>									
Automobile Insurance		A	S	Q	M		M	D	
Car Maintenance & Repairs		A	S	Q	M		M	D	
Car Payment (Loan)(see also below)		A	S	Q	M		M	D	
Car Registration		A	S	Q	M		M	D	
Fuel		A	S	Q	M		M	D	
Lease Payments		A	S	Q	M		M	D	
Tolls & Parking		A	S	Q	M		M	D	
Other Commuting Expenses		A	S	Q	M		M	D	
Other (Describe)		A	S	Q	M		M	D	

<b>Lifestyle Expenses</b>									
Child Care / Nanny		A	S	Q	M		M	D	
Computers & Software		A	S	Q	M		M	D	
Country Club		A	S	Q	M		M	D	
Hobbies		A	S	Q	M		M	D	
Membership Organizations		A	S	Q	M		M	D	
Pet Care		A	S	Q	M		M	D	
Regular Travel & Vacations		A	S	Q	M		M	D	
Other (Describe)		A	S	Q	M		M	D	

<b>Other Expenses</b>									
Alimony		A	S	Q	M		M	D	
Child Support		A	S	Q	M		M	D	
Charitable Contributions		A	S	Q	M		M	D	
Gifts (non-charitable)		A	S	Q	M		M	D	
Pet Care		A	S	Q	M		M	D	
Professional Expenses		A	S	Q	M		M	D	
Miscellaneous Expenses		A	S	Q	M		M	D	
Other (Describe)		A	S	Q	M		M	D	

Notes (if you wish): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Expenses Relating to Things You Own and Debts You Owe

Circle one:  
 "A" = Annual  
 "S" = Semi-Annual  
 "Q" = Quarterly  
 "M" = Monthly

Refer to the  
 periods (months,  
 years, etc) you  
 have chosen for  
 this payment  
 Enter  
 %  
 Interest

Description of Loan or Obligation	Payment Amount	Frequency	Current Balance	Original Loan Amount	Interest Rate	Number Pmts Remaining
Car Loan		A S Q M				
Credit Card Debt (Paydown outstanding balance)		A S Q M				
Home Equity Loan		A S Q M				
Margin Loan		A S Q M				
Mortgage Payment (Primary Residence)		A S Q M				
Mortgage Payment (Vacation Home)		A S Q M				
Student Loan		A S Q M				
Personal Loan		A S Q M				
Other (Describe)		A S Q M				
Other (Describe)		A S Q M				

## Current Savings

Circle one:  
 "A" = Annual  
 "S" = Semi-Annual  
 "Q" = Quarterly  
 "M" = Monthly

Enter  
 estimated  
 growth of  
 contributions  
 (if applicable)

Description of Loan or Obligation	Contribution Amount	Contribution Frequency	Current Balance	Growth Rate	Comments
Client Retirement Savings (401(k), IRA, SEP, etc.)		A S Q M			
Co-Client Retirement Savings (401(k), IRA, SEP, etc.)		A S Q M			
Keogh Contribution		A S Q M			
Health Savings Account		A S Q M			
Roth IRA / Roth 401(k)		A S Q M			
Stock Purchase Plan		A S Q M			
Other Savings (after tax)		A S Q M			

# Education Expenses

Circle one:  
 "A" = Annual  
 "S" = Semi-Annual  
 "Q" = Quarterly  
 "M" = Monthly

Circle one:  
 "C" = Current Exp  
 "S" = Savings Goal  
 Enter % Expense Growth

Description of Loan or Obligation	Beneficiary(ies)	Amount	Frequency	Start Year	Finish Year	Growth Rate	Current Expense or Savings Goal?
Pre-School			A S Q M				C S
Elementary School			A S Q M				C S
High School			A S Q M				C S
Trade/Professional School			A S Q M				C S
College/University			A S Q M				C S
Graduate School			A S Q M				C S
Sports/Music/Dance Lessons			A S Q M				C S
Other (Describe)			A S Q M				C S
Other (Describe)			A S Q M				C S

## Signatures

The analysis and recommendations we will develop for you are specifically tailored to your situation and their appropriateness is dependent upon the accuracy of the information you provide in this questionnaire.

### Signatures of Client(s)

\_\_\_\_\_  
*Client*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Co-Client*

\_\_\_\_\_  
*Date*