

NAME: _____

DATE: _____

ITEM	Current Monthly Expense	Estimated Expense in Retirement
HOUSING		
Rent/Mortgage		
Insurance		
Property Taxes		
Dues/Fees		
Home Equity Loan		
Other Real Estate		
TOTAL		
FOOD		
Groceries		
Dining Out		
TOTAL		
UTILITIES		
Electric		
Gas		
Water		
Home Phone		
Cell Phone		
Cable/Satellite		
Security		
Pest Control		
Other		
TOTAL		
AUTO		
Payment		
Insurance		
Gas and Oil		
Maintenance		
TOTAL		
INSURANCE & MEDICAL Not Deducted from Paycheck		
Life		
Health		
Long Term Care		
Medical Expenses not covered by insurance		
Dental		
Burial program		
Other		
TOTAL		

ITEM	Current Monthly Expense	Estimated Expense in Retirement
LIABILITY EXPENSES		
Child Support		
Alimony		
Credit Card Payments		
Loan Payments		
TOTAL		
GIFTS		
Church Contributions		
Charities		
Birthdays		
Holidays		
Education		
Other		
TOTAL		
ENTERTAINMENT		
Dues		
Travel		
Other		
TOTAL		
MISCELLANEOUS		
Clothing		
Cleaning		
Hair		
Pets		
Other		
TOTAL		
TOTAL EXPENSES		

Loan Balances

Home _____
 Other Real Estate _____
 Auto(s) _____
 Boat _____
 Student Loans _____
 Credit Cards _____
 Other _____

Loan Balances TOTAL: _____