Monthly Budget Worksheet

Track your monthly income & expenses

CLIENT NAME	MONTH / YEAR	PREPARED BY

How to use: Fill in your actual monthly spending for each category. Return this form to your advisor each month.

HOUSING	
EXPENSE	MONTHLY AMOUNT
Mortgage / rent	$
Second mortgage / equity line	$
Real estate taxes	$
Homeowners / renters insurance	$
HOA / condo fees	$
Electricity	$
Gas / oil / heat	$
Water / sewer / trash	$
Internet / cable / phone	$
Lawn / snow / maintenance	$
Household help / furniture	$
HOUSING SUBTOTAL	$

TRANSPORTATION	
EXPENSE	MONTHLY AMOUNT
VEHICLE 1	
Loan / lease payment	$
Insurance	$
Fuel	$
Repairs / maintenance	$
VEHICLE 2	
Loan / lease payment	$
Insurance	$
Fuel	$
Repairs / maintenance	$
Parking / tolls / public transit	$
TRANSPORTATION SUBTOTAL	$

HEALTHCARE	
EXPENSE	MONTHLY AMOUNT
Medical insurance premiums	$
Dental insurance	$
Vision insurance	$
Medicare / supplement (Medigap)	$
Prescriptions / out-of-pocket	$
Long-term care premiums	$
HEALTHCARE SUBTOTAL	$

DAILY LIVING	
EXPENSE	MONTHLY AMOUNT
Groceries	$
Dining out / takeout	$
Clothing – client	$
Clothing – co-client	$
Personal care	$
Household items	$
Laundry / dry cleaning	$
Pet care	$
Subscriptions / cellphone	$
Miscellaneous / cash	$
DAILY LIVING SUBTOTAL	$

FAMILY & LIFESTYLE	
EXPENSE	MONTHLY AMOUNT
Entertainment / hobbies	$
Vacation / travel	$
Club / membership dues	$
Gifts / holidays	$
Charitable donations	$
Books / education / self-improvement	$
Child care / activities / allowance	$
Child tutor / child support	$
Parent / elder care	$
Alimony	$
FAMILY & LIFESTYLE SUBTOTAL	$

DEBT PAYMENTS	
EXPENSE	MONTHLY AMOUNT
Credit card payments	$
Personal loans	$
Student loans	$
Business expenses	$
DEBT PAYMENTS SUBTOTAL	$

INSURANCE & PROTECTION	
EXPENSE	MONTHLY AMOUNT
Life insurance – client	$
Life insurance – co-client	$
Disability insurance – client	$
Disability insurance – co-client	$
Umbrella liability	$
INSURANCE & PROTECTION SUBTOTAL	$

TAXES	
EXPENSE	MONTHLY AMOUNT
Federal income tax	$
State income tax	$
Local / property tax	$
FICA / Medicare (if self-employed)	$
TAXES SUBTOTAL	$

MONTHLY INCOME		
INCOME SOURCE	FREQUENCY	
Client salary / wages		$
Co-client salary / wages		$
Bonus / commission		$
Self-employment income		$
Rental income		$
Investment / dividends		$
Social Security – client		$
Social Security – co-client		$
Pension / annuity		$
Other income		$
TOTAL MONTHLY INCOME		$

MONTHLY SUMMARY	
TOTAL MONTHLY EXPENSES	$
TOTAL MONTHLY INCOME	$
NET MONTHLY CASH FLOW (Income - Expenses)	$