

Spending Plan

Client Name _____

Weekly:

Food _____

Gas _____

Job Commute (tolls etc.) _____

Lunches _____

Newspapers, Coffee, etc. _____

Cigarettes/Alcohol _____

Dining Out, Take-Out _____

Weekly Entertainment _____

Miscellaneous _____

Total

Total x 52 =

Monthly:

Rent/Mortgage _____

Monthly Maint/Assoc. Fees _____

Real Estate Taxes* _____ *if not already included with mortgage

Auto Payment _____

Personal Loans _____

Education Loans _____

Utilities:

Telephone _____

Cable TV _____

Gas & Electric _____

Water _____

Trash Disposal _____

Home Fuel Oil _____

Gifts _____

Housecleaning Service _____

Haircuts/Manicures etc. _____

Dry-cleaning _____

Club Dues _____

Recreation Leagues, etc. _____

Children's Activities _____

Pet Care _____

Miscellaneous _____

Total

Total x 12 =

Spending Plan

Annual:

Health Care

Doctor	_____
Therapy	_____
Optical	_____
Dental	_____
Orthodontist	_____
Auto Care	_____
Subscriptions	_____
Host Parties	_____
Hobbies	_____
Large Home Purchases	_____
Clothes	_____
Continuing Education	_____
Care of Relatives	_____
Landscaping	_____
Home Improvements	_____
Holiday Gifts	_____
Vacations	_____

Insurance:

Homeowners	_____
Automobile	_____
Life	_____
Medical	_____
Disability	_____
Umbrella	_____

Charitable Contributions	_____
Miscellaneous	_____

Total	_____
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Weekly Total	_____
Monthly Total	_____
Annual Total	_____

Grand Total (div by 12) = Monthly Grand Total	<input type="text"/>
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Spending Plan

MONTHLY INCOME

Salary, Wages _____
Interest (Taxable) _____
Interest (Tax Exempt) _____
Dividends _____
Alimony _____
Child Support _____
Rental _____
Other _____

Total Monthly Income _____

Total Monthly Outflow _____

Positive/(Negative)Cash Flow _____

Client Name _____

Date _____