

# Monthly Income



Monthly Income	Client	Spouse
Salary / Wages		
Bonuses / Incentives		
Commissions		
Interest / Dividends		
Loan Repayments		
Partnership Draw		
Rents		
Reverse Mortgage		
Royalties / Licensing Fees		
Self-Employment Draw		
Social Security Survivors' Benefits		
Unemployment Compensation		
Alimony		
Child Support		
Court Settlement		
Disability /Long-Term Care Insurance Benefits		
Social Security Disability Benefits		
Union Disability Benefits		
VA Disability Benefits		
Workers' Compensation		
Annuities		
Deferred Compensation		
Pension / Profit-Sharing Plans		
401(k) / 403(b) Plans		
IRAs		
Keogh / SEP Plans		
Military Pension		
Social Security Retirement		
Union Pension		
Other _____		
<b>Total Income from all sources for each person</b>		
<b>TOTAL FAMILY INCOME</b>		\$ _____

# Monthly Expenses - Budgeted vs. Actual



Monthly Expenses	Budgeted	Actual
Mortgage / Rent / Condo Fees		
Auto: Gas / Maintenance / Repairs		
Child Care		
Clothing		
Commuting (other than Auto).		
Dining / Entertainment / Hobbies / Recreation / Vacations		
Education (other than Student Loans)		
Gifts / Donations		
Groceries: Food / Household Supplies		
Household Maintenance / Repairs		
Insurance Premiums: Auto		
Disability		
Home / Property		
Life / Long Term Care		
Medical / Dental / Medicare		
Other		
Loan Payments: Auto		
Credit Cards / Charge Accounts		
Home Equity		
Student Loans		
Magazines / Newspapers / Books		
Medical / Dental Expenses not paid by insurance		
Personal Care (Hair / Cosmetics / etc.)		
Pet Food / Care.		
Retirement Plan Contributions (IRA, 401k, 403b, etc.)		
Savings / Investments		
Taxes: Income - Federal / State / Local		
Property - Real Estate / Personal		
Utilities: Cable / Satellite TV		
Electric		
Garbage		
Heating - Gas / Oil / Other		
Telephone		
Water		
Other Expenses		
<b>TOTAL EXPENSES</b>	<b>\$</b>	