

**MONTHLY INCOME & EXPENSE SUMMARY**

<b>Employment Income:</b>	<b>Today</b>	<b>During Retirement</b>
Monthly Salary/Wages	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Monthly Self Employment (actual)	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Total Employment Income:</b>	\$ 0.00	
<b>Other Income:</b>	<b>Today</b>	<b>During Retirement</b>
Monthly Taxable Pensions	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other Monthly Taxable Income	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other Monthly Non-Taxable Income	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Total Other Income:</b>	\$ 0.00	
<b>Household Related Expenses:</b>	<b>Today</b>	<b>During Retirement</b>
Mortgage   Rent	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Condominium   Association Fees	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Homeowner's Insurance (if not included in mortgage payment)	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Property Taxes (if not included in mortgage payment)	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Phone Charges - Cellular and Landline	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Utilities - Heat (Gas/Oil)   Electric   AC   Water   Sewer	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cable/Satellite TV   Internet	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Home Maintenance   Property Care   Cleaning Supplies	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other Household	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Total Household Expense:</b>	\$ 0.00	
<b>General Expenses:</b>	<b>Today</b>	<b>During Retirement</b>
Alimony/Child Support	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Child Care   Elder Care	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Groceries	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pet Care and Food	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Clothing   Dry Cleaning	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Gym   Sports   Hobbies (golf, tennis, etc)	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Vacation	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Entertainment (movies, dining out)	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tuition Costs   Education	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Debts (Credit Cards, Student or other Loan Payments)	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Gifts (birthday, anniversary)	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Charitable Donations	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Emergency Fund	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hygiene Products & Services	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other General	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Total General Expense:</b>	\$ 0.00	

**Transportation-Related Expenses:**

Vehicle Loans	\$	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Vehicle Insurance	\$	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Gas   Tolls	\$	<input type="checkbox"/> Yes	<input type="checkbox"/> No
License   Registration	\$	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Maintenance	\$	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Bus   Train   Taxi   Parking	\$	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other Transportation (boat, motorcycle, etc)	\$	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Total Transportation-Related Expense:</b>		\$ 0.00	

**Medical & Insurance-Related Expenses:**

Health Insurance Premiums	\$	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other Insurance Premiums (Life, LTC, Disability)	\$	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Out of pocket medical expenses & co-pays	\$	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Home Care	\$	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other Medical & Insurance	\$	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Total Medical &amp; Insurance-Related Expense:</b>		\$ 0.00	

**Taxes:**

Federal	\$	<input type="checkbox"/> Yes	<input type="checkbox"/> No
State	\$	<input type="checkbox"/> Yes	<input type="checkbox"/> No
General Excise	\$	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other	\$	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Total Taxes:</b>		\$ 0.00	

**Total Monthly Expenses:** \$ 0.00

**Total Monthly Income:** \$ 0.00

**Net Amount (Monthly Income less Monthly Expenses):** \$ 0.00