

MONTHLY INCOME & EXPENSE SUMMARY

Employment Income:	Today	During Retirement
Monthly Salary/Wages	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Monthly Self Employment (actual)	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Total Employment Income:	\$	
Other Income:	Today	During Retirement
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
Total Other Income:	\$	
Household Related Expenses:	Today	During Retirement
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
Total Household Expense:	\$	
General Expenses:	Today	During Retirement
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
Total General Expense:	\$	

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
Total Transportation-Related Expense:		\$	

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
Total Medical & Insurance-Related Expense:		\$	

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
Total Taxes:		\$	

Total Monthly Expenses: \$

Total Monthly Income: \$

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