

BUDGET ANALYSIS



DATE: _____

Lifestyle Expenses	Discretionary
Rent	\$ _____ <input type="checkbox"/>
Home Repairs/Maintenance	\$ _____ <input type="checkbox"/>
Homeowner Fees	\$ _____ <input type="checkbox"/>
Property Tax	\$ _____ <input type="checkbox"/>
Basic Utilities (Gas/Electric)	\$ _____ <input type="checkbox"/>
Water/Trash	\$ _____ <input type="checkbox"/>
Extended Utilities (Internet)	\$ _____ <input type="checkbox"/>
Cable/Satellite	\$ _____ <input type="checkbox"/>
Home/Cell Phone	\$ _____ <input type="checkbox"/>
Security System	\$ _____ <input type="checkbox"/>
Flexible Spending Account	\$ _____ <input type="checkbox"/>
Groceries	\$ _____ <input type="checkbox"/>
Entertainment/Dining	\$ _____ <input type="checkbox"/>
Charitable Contributions	\$ _____ <input type="checkbox"/>
Child Care	\$ _____ <input type="checkbox"/>
Transportation (Gas/Taxi/Maintenance)	\$ _____ <input type="checkbox"/>
Other (Personal Goods)	\$ _____ <input type="checkbox"/>
Children's Activities	\$ _____ <input type="checkbox"/>
Cleaning/Laundry	\$ _____ <input type="checkbox"/>
Clothing/Uniforms	\$ _____ <input type="checkbox"/>
Club Dues/Hobbies	\$ _____ <input type="checkbox"/>
Gifts (Birthday/Holiday/Special)	\$ _____ <input type="checkbox"/>
Misc _____	\$ _____ <input type="checkbox"/>
Total Monthly Lifestyle Expenses A	\$ _____

Additional Expenses	
Homeowners/Renters Insurance	\$ _____ <input type="checkbox"/>
Auto Insurance	\$ _____ <input type="checkbox"/>
Medical	\$ _____ <input type="checkbox"/>
Dental	\$ _____ <input type="checkbox"/>
Vision	\$ _____ <input type="checkbox"/>
Liability Coverage	\$ _____ <input type="checkbox"/>
Travel	\$ _____ <input type="checkbox"/>
Other _____	\$ _____ <input type="checkbox"/>
Total Monthly Additional Expenses B	\$ _____
Lifestyle Expenses A + B	\$ _____

Financial Plan	
Savings	\$ _____ <input type="checkbox"/>
Non-Retirement Accounts	\$ _____ <input type="checkbox"/>
Life (Group, SGLI, Term, Whole Life, Universal Life, Variable Life and Annuities)	\$ _____ <input type="checkbox"/>
Disability	\$ _____ <input type="checkbox"/>
Education (529, ESA, UTMA)	\$ _____ <input type="checkbox"/>
Flexible Spending Account	\$ _____ <input type="checkbox"/>
IRA(s)	\$ _____ <input type="checkbox"/>
Long Term Care	\$ _____ <input type="checkbox"/>
401(k)/403(b)/457	\$ _____ <input type="checkbox"/>
SEP/SIMPLE	\$ _____ <input type="checkbox"/>
Profit Sharing/Money Purchase	\$ _____ <input type="checkbox"/>
Thrift Savings	\$ _____ <input type="checkbox"/>
Other _____	\$ _____ <input type="checkbox"/>
Total Monthly Investments C	\$ _____

Liabilities	Discretionary
Mortgage (P+I)	\$ _____ <input type="checkbox"/>
Advance Pay	\$ _____ <input type="checkbox"/>
Credit Cards	\$ _____ <input type="checkbox"/>
Auto Loan/Lease (Auto #1)	\$ _____ <input type="checkbox"/>
Auto Loan/Lease (Auto #2)	\$ _____ <input type="checkbox"/>
Student Loans	\$ _____ <input type="checkbox"/>
Personal Loans	\$ _____ <input type="checkbox"/>
Other _____	\$ _____ <input type="checkbox"/>
Total Monthly Consumer Debt	\$ _____ D

C1 Name: _____

Gross Income (Primary)	\$ _____
(-) Federal Taxes	\$ _____
(-) State/Local Taxes	\$ _____
(-) Social Security/Payroll	\$ _____
C1 Net Income	\$ _____

C2 Name: _____

Gross Income (Spouse)	\$ _____
(-) Federal Taxes	\$ _____
(-) State/Local Taxes	\$ _____
(-) Social Security/Payroll	\$ _____
C2 Net Income +	\$ _____

Other Net Income

Rental Income (net)	\$ _____
Retirement Income	\$ _____
Child Support/Alimony	\$ _____
SBP	\$ _____
Disability	\$ _____
Investment Income	\$ _____
Other Net Income +	\$ _____

Total Monthly Net Income	= \$ _____ E
A	\$ _____
B	+ \$ _____
C	+ \$ _____
D	+ \$ _____

Total Monthly Expenses	= \$ _____ F
A + B + C + D	
Unallocated Income	= \$ _____
E - F	

COMPLETE WITH ADVISOR

Re-Allocated Income	+ \$ _____
Total Available For Your Future	= \$ _____
Additional Dollars	\$ _____

Advisor: Retain the original in the client's local file.