



Spending Plan

Personal and Confidential

Personal and Family Expenses

Monthly Budget Amount	Current	Alternative/Ret.
Alimony		
Bank Charges		
Books/Magazine		
Business Expense		
Care for Parent/Other		
Cash – Miscellaneous		
Cell Phone		
Charitable Donations		
Child Activities		
Child Allowance/Expense		
Child Care/Tutor		
Child Support		
Clothing – Individual 1		
Clothing – Individual 2		
Clothing – Children		
Club Dues		
Credit Card Debt Payment		
Dining		
Education		
Entertainment		
Gifts		
Groceries		
Healthcare – Dental		
Healthcare – Medical		
Healthcare – Prescription		
Healthcare – Vision		
Hobbies		
Household Items		
Laundry/Dry Cleaning		
Personal Care		
Personal Loan Payment		
Pet Care		
Public Transportation		
Recreation		
Self Improvement		
Student Loan Payment		
Vacation/Travel/Timeshare		
Other		
Total		

Insurance Expenses

Monthly Budget Amount	Current	Alternative/Ret.
Disability for Individual 1		
Disability for Individual 2		
Life for Individual 1		
Life for Individual 2		
LTC for Individual 1		
LTC for Individual 2		
Medical for Individual 1		
Medical for Individual 2		
Umbrella Liability		
Other		
Total		

Vehicle 1 Expenses

Description: _____

Monthly Budget Amount	Current	Alternative/Ret.
Loan Payment		
Lease Payment		
Insurance		
Fuel		
Repairs/Maintenance		
Parking/Tolls		
Docking/Storage		
Other		
Total		

Vehicle 2 Expenses

Description: _____

Monthly Budget Amount	Current	Alternative/Ret.
Loan Payment		
Lease Payment		
Insurance		
Fuel		
Repairs/Maintenance		
Parking/Tolls		
Docking/Storage		
Other		
Total		

Home Expenses

Monthly Budget Amount	Current	Alternative/Ret.
First Mortgage		
Second Mortgage		
Equity Line		
Real Estate Tax		
Rent		
Homeowner's Insurance		
Association Fees		
Electricity		
Gas/Oil		
Trash Pickup		
Water/Sewer		
Cable/Satellite TV		
Internet		
Telephone (land line)		
Lawn Care		
Maintenance - Major Repair		
Maintenance Regular		
Furniture		
Household Help		
Other		
Total		

Comments:

Taxes

Monthly Budget Amount	Current	Alternative/Ret.
FICA Individual 1		
Medicare Individual 1		
FICA Individual 2		
Medicare Individual 2		
Federal Income		
State Income		
Local Income		
Other		

Expense Totals:

Monthly Budget Amount	Current	Alternative/Ret.
Personal/Family Expenses		
Insurance Expenses		
Vehicle 1 Expenses		
Vehicle 2 Expenses		
Home Expenses		
Taxes		
Total		

Income

Monthly Amount	Current	Alternative/Ret.
Employment		
Cash Dividends		
Interest Received		
Social Security Income		
Pension Income		
Rents and Royalties		
Other		
Total		

Name: _____ Date: _____