

Expense Planning Worksheet

1. Housing

Essential Monthly Cost: _____ Discretionary Monthly Cost: _____

Number of years (Leave blank if ongoing): _____

Homeowner's Insurance: _____

Household Improvement and Maintenance: _____

Mortgage: _____

Property Tax: _____

Rent/Condo Fees: _____

Other (Specify): _____

Subtotal ? Housing: _____

2. Utilities

Essential Monthly Cost: _____ Discretionary Monthly Cost: _____

Number of years (Leave blank if ongoing): _____

Electric: _____

Oil/Gas: _____

Telephone/Cable/Internet Fees: _____

Water/Sewer: _____

Other (Specify): _____

Subtotal ? Utilities: _____

3. Personal

Essential Monthly Cost: _____ Discretionary Monthly Cost: _____

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Number of years (Leave blank if ongoing): _____

Clothing: _____

Groceries: _____

Laundry/Dry Cleaning: _____

Personal Care (e.g., health and beauty aids): _____

Other (Specify): _____

Subtotal ? Personal: _____

4. Health Care and Insurance

Essential Monthly Cost: _____ Discretionary Monthly Cost: _____

Number of years (Leave blank if ongoing): _____

Dental, Vision, and Hearing Care: _____

Medical: _____

Medicare Premiums and Expenses: _____

Medicare Supplemental/Medigap Premiums: _____

Other (e.g., co-payments, deductibles, prescriptions): _____

Long-Term Care Insurance Premiums: _____

Disability Insurance: _____

Life Insurance Premiums: _____

Subtotal ? Health Care and Insurance: _____

5. Family Care

Essential Monthly Cost: _____ Discretionary Monthly Cost: _____

Number of years (Leave blank if ongoing): _____

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Support for Parent(s): _____

Support for Children or Grandchildren: _____

Other Obligations (Specify): _____

Subtotal ? Family Care: _____

6. Routine Transportation

Essential Monthly Cost: _____ Discretionary Monthly Cost: _____

Number of years (Leave blank if ongoing): _____

Auto Loan or Lease Payment: _____

Excise Tax/Registration Fees: _____

Gasoline: _____

Insurance: _____

Routine Maintenance: _____

Other Commuting Expenses (Specify): _____

Subtotal ? Routine Transportation: _____

7. Recreation

Essential Monthly Cost: _____ Discretionary Monthly Cost: _____

Number of years (Leave blank if ongoing): _____

Club Memberships: _____

Hobbies: _____

Travel and Vacation: _____

Subtotal ? Recreation: _____

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8. Entertainment

Essential Monthly Cost: _____ Discretionary Monthly Cost: _____

Number of years (Leave blank if ongoing): _____

Dining Out: _____

Movies/Theater/Sporting Events: _____

Subtotal ? Entertainment: _____

9. Other Expenses

Essential Monthly Cost: _____ Discretionary Monthly Cost: _____

Number of years (Leave blank if ongoing): _____

Charitable Donations (Tax-deductible): _____

Gifts (Non-tax-deductible, such as birthdays, holidays): _____

Other (e.g., credit card charges, specify): _____

Subtotal ? Other Expenses: _____

10. Total Expenses

Total Essential Expenses: _____

Total Discretionary Expenses: _____

Total Monthly Expenses: _____