

Retirement Budget Worksheet

Fill in either the monthly or annual column for each expense.

		MONTHLY AMOUNT (\$)	ANNUAL AMOUNT (\$)
Housing	Homeowner's Insurance	\$	\$
	Home Improvement and Maintenance	\$	\$
	Mortgage	\$	\$
	Property Tax	\$	\$
	Rent/Condo Fees	\$	\$
	Other	\$	\$
Utilities	Electric	\$	\$
	Oil/Gas	\$	\$
	Telephone/Cable/Internet Fees	\$	\$
	Water/Sewer	\$	\$
	Other	\$	\$
Personal	Clothing	\$	\$
	Groceries	\$	\$
	Laundry/Dry Cleaning	\$	\$
	Personal Care (health and beauty aids)	\$	\$
	Other	\$	\$
Health Care & Insurance	Dental, Vision, and Hearing	\$	\$
	Medical Insurance	\$	\$
	Medicare Premium and Expenses	\$	\$
	Medicare Supp. (Medigap) Premiums	\$	\$
	Other (e.g., Prescription Costs)	\$	\$
	Long-Term Care Insurance Premiums	\$	\$
	Disability Insurance	\$	\$
Life Insurance Premiums	\$	\$	
Family Care	Support of Children or Grandchildren	\$	\$
	Support of Parents	\$	\$
	Other Obligations	\$	\$
SUBTOTAL		\$	\$

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		MONTHLY AMOUNT (\$)	ANNUAL AMOUNT (\$)
Routine Transportation	Auto Loan or Lease Payment	\$	\$
	Excise Tax/Registration Fees	\$	\$
	Gasoline	\$	\$
	Insurance	\$	\$
	Routine Maintenance	\$	\$
	Other Commuting Expenses	\$	\$
Recreation	Club Memberships	\$	\$
	Hobbies	\$	\$
	Travel and Vacations	\$	\$
	Other	\$	\$
Entertainment	Dining Out	\$	\$
	Movies/Theater/Sporting Events	\$	\$
	Other	\$	\$
Charitable Donations	Charitable Donations	\$	\$
Gifts	Gifts	\$	\$
Miscellaneous/ Other	Miscellaneous/Other	\$	\$
Custom Expenses	Expense 1:	\$	\$
	Expense 2:	\$	\$
	Expense 3:	\$	\$
	Expense 4:	\$	\$
	Expense 5:	\$	\$
	Expense 6:	\$	\$
	SUBTOTAL FROM THIS PAGE		
	SUBTOTAL FROM PAGE 1		
	TOTALS		
	TOTAL FROM NEIGHBORING COLUMN		
		MONTHLY	ANNUAL
	GRAND TOTALS		

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