



Expense Summary

	<u>Monthly</u>	OR	<u>Non-Monthly (ie Qtrly)</u>	<u>Notes</u>
HOUSING				
Mortgage (Principal, Taxes, Interest)	\$ _____		\$ _____	
Mortgage #2	\$ _____		\$ _____	
Homeowner's/Renter's Insurance	\$ _____		\$ _____	
Electric	\$ _____		\$ _____	
Water	\$ _____		\$ _____	
Gas	\$ _____		\$ _____	
Phone	\$ _____		\$ _____	
Cell Phone(s)/Pager(s)	\$ _____		\$ _____	
Cable/Satellite	\$ _____		\$ _____	
Internet	\$ _____		\$ _____	
Security Svc	\$ _____		\$ _____	
Pool/Lawn Svc	\$ _____		\$ _____	
Maintenance, Repairs, etc.	\$ _____		\$ _____	
Association Dues	\$ _____		\$ _____	
Cleaning Service	\$ _____		\$ _____	
TOTAL	\$ _____		\$ _____	
INSURANCE				
Life Insurance	\$ _____		\$ _____	
Disability Insurance	\$ _____		\$ _____	
Long-Term Care Insurance	\$ _____		\$ _____	
Liability/Umbrella Policy	\$ _____		\$ _____	
TOTAL	\$ _____		\$ _____	
TRANSPORTATION				
Payment/Lease #1	\$ _____		\$ _____	
Payment/Lease #2	\$ _____		\$ _____	
Gas	\$ _____		\$ _____	
Repairs/Maintenance	\$ _____		\$ _____	
Registrations	\$ _____		\$ _____	
Insurance	\$ _____		\$ _____	
TOTAL	\$ _____		\$ _____	
GROCERIES				
Groceries	\$ _____		\$ _____	
Eating Out	\$ _____		\$ _____	
School Lunches	\$ _____		\$ _____	
TOTAL	\$ _____		\$ _____	
CLOTHING	\$ _____		\$ _____	
FURNISHINGS				
Anticipated Purchases	\$ _____		\$ _____	
PERSONAL CARE				
Dry Cleaning	\$ _____		\$ _____	
Salon	\$ _____		\$ _____	
Barber	\$ _____		\$ _____	
Gym	\$ _____		\$ _____	
TOTAL	\$ _____		\$ _____	

MEDICAL/DENTAL

Insurance Premiums	\$ _____	\$ _____
Dental/Orthodontist	\$ _____	\$ _____
Prescriptions	\$ _____	\$ _____
Co-pays/Physician/Chiropractor	\$ _____	\$ _____
TOTAL	\$ _____	\$ _____

EDUCATION \$ _____ \$ _____

DEBT PAYMENTS

(Itemize Credit Cards and Store debt below) \$ _____ \$ _____

ENTERTAINMENT

Dining Out, Movies, Golf, Etc.	\$ _____	\$ _____
Kids - (sports, dance, music lessons, etc.)	\$ _____	\$ _____
TOTAL	\$ _____	\$ _____

CHILD CARE/BABY SITTING \$ _____ \$ _____

HOLIDAYS/GIFTS

Birthdays	\$ _____	\$ _____
Christmas/Hanukah, Etc	\$ _____	\$ _____
TOTAL	\$ _____	\$ _____

VACATIONS/TRAVEL \$ _____ \$ _____

CHARITABLE GIVING \$ _____ \$ _____

Other Expenses

Alimony	\$ _____	\$ _____
Child Support	\$ _____	\$ _____
Pets	\$ _____	\$ _____
TOTAL	\$ _____	\$ _____

TOTAL EXPENSES \$ _____ \$ _____

List all Credit Cards and Store debt here and put total in summary above under "Debt payments".

<u>Credit Card or Other Debt</u>	<u>Min Payment</u>	<u>Interest Rate</u>	<u>Balance Owed</u>
_____	\$ _____	_____ %	\$ _____
_____	\$ _____	_____ %	\$ _____
_____	\$ _____	_____ %	\$ _____
_____	\$ _____	_____ %	\$ _____
_____	\$ _____	_____ %	\$ _____
_____	\$ _____	_____ %	\$ _____
_____	\$ _____	_____ %	\$ _____
_____	\$ _____	_____ %	\$ _____
_____	\$ _____	_____ %	\$ _____
_____	\$ _____	_____ %	\$ _____

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