



Budget Planner

Determining your regular expenses is an important step in identifying the level of income you need to support day to day living expenses and the gaps or surpluses to be explored further with your financial planner. Please take the time to complete this as accurately as possible. If you already have a budget in place or know your total annual expenses please go directly to the next page.

	Amount	Frequency (Wk, Mth, Qtr)	Yearly Total	Is this expense tax deductible?
Living Expenses				
Food	\$		\$	
Clothing	\$		\$	
Medical/Dental/Pharmacy	\$		\$	
Alcohol/Cigarettes	\$		\$	
Public Transport/Taxi Fares	\$		\$	
Other Personal Spending - Client 1	\$		\$	
- Client 2	\$		\$	
Total Living Expenses			\$	
Entertainment Expenses				
Travel and holidays	\$		\$	
Dining Out	\$		\$	
Sport/Recreation/Hobbies	\$		\$	
Club memberships/Sporting fees etc	\$		\$	
Books/Magazines/Newspapers	\$		\$	
Other entertainment	\$		\$	
Total Entertainment Expenses			\$	
Housing Expenses				
Mortgage/Rent	\$		\$	
Council/Shire/Body Corporate/ Water Rates	\$		\$	
Electricity/Gas/Telephone etc	\$		\$	
House and Contents Insurance	\$		\$	
Home maintenance	\$		\$	
Furnishings/Appliances	\$		\$	
Total Housing Expenses			\$	
Motor Vehicle Expenses				
Loan/Lease Repayments	\$		\$	
Registration and Third party	\$		\$	
Insurance	\$		\$	
Petrol and other running costs	\$		\$	
Maintenance/Service/Repairs	\$		\$	
Licence fees/Fines/Parking/Road assistance	\$		\$	
Total Motor Vehicle Expenses			\$	

	Amount	Frequency (Wk, Mth, Qtr)	Yearly Total	Is this expense tax deductible?
Insurances				
Medical/Health	\$		\$	
Life and TPD	\$		\$	
Income Protection	\$		\$	
Via superannuation contributions	\$		\$	
Trauma Cover	\$		\$	
Total Insurances			\$	
Miscellaneous Expenses				
Professional Services	\$		\$	
Professional Memberships	\$		\$	
Work Related Expenses	\$		\$	
Gifts and donations	\$		\$	
Education expenses	\$		\$	
Child care	\$		\$	
Pet/Vet Fees	\$		\$	
Savings Plans (Existing Investments)	\$		\$	
Capital expenses to investment properties	\$		\$	
Other vehicle expenses	\$		\$	
Investment Loans	\$		\$	
Credit Cards	\$		\$	
Other Loans	\$		\$	
Other	\$		\$	
Other	\$		\$	
Total Miscellaneous Expenses				
Total Expenses			\$	

Do you anticipate any changes in your expenditure over the next 12 months? If **Yes**, please provide details.

Do you feel there is an opportunity to save any additional funds? If **Yes**, please provide details.
