

INCOME / EXPENSE SUMMARY

CLIENT _____

Date: _____

Initial Review

	<u>Monthly</u>	<u>Annual</u>		<u>Monthly</u>	<u>Annual</u>
INCOME			Cable TV & Internet	_____	_____
Client's Gross Salary	_____	_____	Other	_____	_____
Spouse's Gross Salary	_____	_____	TRANSPORTATION	_____	_____
Commissions/Bonus	_____	_____	Loan/Lease Payments	_____	_____
Interest	_____	_____	Insurance	_____	_____
Dividends	_____	_____	Gas/Oil	_____	_____
Business Income or Net Rent	_____	_____	Property Taxes	_____	_____
Trust Income	_____	_____	Maint/Repairs	_____	_____
Your Pension	_____	_____	Other	_____	_____
Spouse's Pension	_____	_____	DEBTS	_____	_____
Your Social Security	_____	_____	Credit Cards	_____	_____
Spouse's Social Security	_____	_____	Personal Loans	_____	_____
Gifts	_____	_____	Real Estate - Other	_____	_____
Sale of Investments	_____	_____	Other	_____	_____
Alimony/Child support	_____	_____	MEDICAL	_____	_____
Other	_____	_____	Insurance Premiums	_____	_____
TOTAL INCOME	=====	=====	Doctor	_____	_____
			Dentist	_____	_____
PAYROLL DEDUCTIONS			Prescriptions	_____	_____
Federal Income Tax	_____	_____	Other	_____	_____
State Income Tax	_____	_____	INSURANCE	_____	_____
FICA Taxes	_____	_____	Life	_____	_____
SUD/TDI	_____	_____	Disability	_____	_____
Insurance Payments	_____	_____	Umbrella Liability	_____	_____
Other	_____	_____	Other	_____	_____
TOTAL DEDUCTIONS	=====	=====	FOOD	_____	_____
			Groceries	_____	_____
SAVINGS			Eating Out	_____	_____
Emergency Fund	_____	_____	CLOTHING/PERSONAL	_____	_____
Education Fund	_____	_____	Clothing Purchases	_____	_____
Retirement Fund - Client	_____	_____	Cleaning	_____	_____
Retirement Fund - Spouse	_____	_____	Health & Beauty Aids	_____	_____
TOTAL SAVINGS	=====	=====	Other	_____	_____
			RECREATION	_____	_____
NET SPENDABLE INCOME	=====	=====	Baby Sitting	_____	_____
			Vacations	_____	_____
EXPENSES			Lessons	_____	_____
HOUSING			Club Memberships	_____	_____
Mortgage/Rent	_____	_____	MISCELLANEOUS	_____	_____
Property Taxes	_____	_____	Child Care	_____	_____
Insurance	_____	_____	Allowances	_____	_____
Maint/Repairs	_____	_____	Gifts	_____	_____
Improvements	_____	_____	Christmas Gifts	_____	_____
Other	_____	_____	Charitable Contributions	_____	_____
UTILITIES			Other	_____	_____
Electric	_____	_____	TOTAL EXPENSES	=====	=====
Gas/Oil	_____	_____			
Water/Sewer	_____	_____	SUMMARY		
Sanitation	_____	_____	SPENDABLE INCOME	_____	_____
Telephone (including cell phone)	_____	_____	TOTAL EXPENSES	_____	_____
			SURPLUS / DEFICIT	=====	=====