

Client: _____	Inc/Exp. amount	Frequency *see row 66 *	Monthly (protected)	Yearly (protected)	total (protected)	(protected)	Comments
Income	<i>work with the 3 unprotected yellow columns</i>				\$0		
Wages		y	\$0	\$0			
Second Wages		y	\$0	\$0			
Other wages/bonus/Social Security		y	\$0	\$0			
Investment Income		y	\$0	\$0			
Rental Income		y	\$0	\$0			
Other		y	\$0	\$0			
Expenses	Estimated				subtotal	percent	Comments
Savings					\$0	0.0%	
Non-retirement		m	\$0	\$0			
Taxes					\$0	0.0%	
Federal		y	\$0	\$0			
State		y	\$0	\$0			
Local		y	\$0	\$0			
Medicare		y	\$0	\$0			
Soc. Security or State Ret.		y	\$0	\$0			
Employer Plans					\$0	0.0%	
Health/Dental Benefit		m	\$0	\$0			
Health Care Spending plan		m	\$0	\$0			
Day Care flex plan		y	\$0	\$0			
ST + LT Disability Plan		m	\$0	\$0			
Group Term life insurance		m	\$0				
Individually-owned Life Insurance		m	\$0	\$0			
Stock Purchase Plan		m	0	0			
Retirement / 401(k) plan		m	\$0	\$0			
Housing Expenses					\$0	0.0%	
Mortgage		y	\$0	\$0			
Property Taxes		y	\$0	\$0			
Homeowner's Insurance		y	\$0	\$0			
Property Taxes		y	\$0	\$0			
Utilities		m	\$0	\$0			
Homeowner's Association Dues		y	\$0	\$0			
Improvements		y	\$0	\$0			
Maintenance		y	\$0	\$0			
Furniture/Decorating		y	\$0	\$0			
Lawn Care		y	\$0	\$0			
Other		y	\$0	\$0			

Vehicle Expenses					\$0	0.0%	
Automobile Payments		m	\$0	\$0			
Car Lease		m	\$0	\$0			
Auto Insurance		y	\$0	\$0			
Auto Maintenance		y	\$0	\$0			
Gas, Oil, Cleaning, Garaging		y	\$0	\$0			
Basic Expenses					\$0	0.0%	
Groceries		w	\$0	\$0			
Clothing		Y	\$0	\$0			
Phone Bill		y	\$0	\$0			
Childcare Costs		w	\$0	\$0			
Pet Expenses		y	\$0	\$0			
Other		y	\$0	\$0			
Job/Studies Related					\$0	0.0%	
Memberships, Subscriptions, Classes		y	\$0	\$0			
Lunches		y		\$0			
Books, Appliances, Tools		y	\$0	\$0			
Leisure/entertainment/personal					\$0	0.0%	
Loan/Credit Card Payments		m	\$0	\$0			
Vacation, travel		y	\$0	\$0			
Large Expenses (Pool, etc.)		y	\$0	\$0			
Holidays, Birthdays, Anniversaries		y	\$0	\$0			
Dining, Entertainment		y	\$0	\$0			
Gifts							
Residual medical/dental/prescription		y	\$0	\$0			
Personal Expenses		m					
Other		m	\$0	\$0			
Charitable donations		m	\$0	\$0	\$0	0.0%	
Other: Tax Prep.		y	\$0	\$0	\$0	0.0%	
TOTAL EXPENSES					\$0	0.0%	
unaccounted for			\$0	\$0	\$0	0.0%	
	sm = semi-monthly (24 times/yr)						
m = monthly, w = weekly, y = yearly	bw = bi-weekly (26 time per year)						
Client Signature:					Date:		