



Pacific Crest Financial Advisors, LLC

INCOME AND EXPENSE WORKSHEET

Please be as accurate as possible with expenses as they are critical to accurate financial planning results.

INCOME SOURCES	CURRENT MONTHLY	RETIREMENT ESTIMATED MONTHLY
Gross Wages	_____	_____
Bonus	_____	_____
Interest/Dividends (list only if you spend them)	_____	_____
Pensions	_____	_____
Social Security	_____	_____
Gifts (only if expected to continue)	_____	_____
Other	_____	_____
Other	_____	_____
Other	_____	_____
TOTAL INCOME/ MONTH	\$ _____	\$ _____

EXPENSE ITEM	CURRENT MONTHLY AVERAGE	DESIRED MONTHLY AVERAGE	RETIREMENT MONTHLY AVERAGE
COMMITTED EXPENSES			
Utilities & Telephone			
Electricity	_____	_____	_____
Natural Gas/Oil	_____	_____	_____
Water	_____	_____	_____
Sewer	_____	_____	_____
Garbage	_____	_____	_____
Cable TV	_____	_____	_____
Telephone	_____	_____	_____
Cell Phone/Pager	_____	_____	_____
Internet Service	_____	_____	_____
Security System	_____	_____	_____
Sub-Total	\$ _____	\$ _____	\$ _____
Property & Liability Insurance			
Homeowners Premiums	_____	_____	_____
Auto Premiums	_____	_____	_____
Umbrella Liability Premiums	_____	_____	_____
Jewelry Premiums	_____	_____	_____
Other Asset Ins Premiums	_____	_____	_____
Sub-Total	\$ _____	\$ _____	\$ _____
Medical/Dental Insurance			
Medical Premiums	_____	_____	_____
Vision Premiums	_____	_____	_____
Dental Premiums	_____	_____	_____
Sub-Total	\$ _____	\$ _____	\$ _____

EXPENSE ITEM	CURRENT MONTHLY AVERAGE	DESIRED MONTHLY AVERAGE	RETIREMENT MONTHLY AVERAGE
SOMEWHAT DISCRETIONARY EXPENSES			
Groceries			
Groceries/Liquor			
At Home Entertainment			
Other			
Sub-Total	\$	\$	\$
Transportation			
Gas			
Auto Repairs			
Oil/Lube & Winterize			
Parking/Commute Expense			
Auto Licenses			
Miscellaneous/Other			
Sub-Total	\$	\$	\$
Housing			
Supplies/Maintenance			
Yard Upkeep			
Maintenance & Repair			
Linens & Supplies			
Appliance Replacement			
Fireplace Wood or Pellets			
Sub-Total	\$	\$	\$
Uninsured Medical/Dental			
Dental/Ortho			
Vision			
Prescriptions			
Chiropractor			
Therapists			
Medical			
Other			
Sub-Total	\$	\$	\$
Life, Disability, Long Term			
Care Insurances			
Life Insurance Premiums			
Disability Premiums			
Long Term Care Premiums			
Other Insurance Premiums			
Sub-Total	\$	\$	\$

EXPENSE ITEM	CURRENT MONTHLY AVERAGE	DESIRED MONTHLY AVERAGE	RETIREMENT MONTHLY AVERAGE
Personal Expenses			
Clothing			
Laundry/Dry Cleaning			
Alterations/Tailoring			
Shoe Repairs			
Cosmetics			
Hairdresser/Barber			
Toiletries			
Sub-Total	\$	\$	\$
Professional Fees			
Legal Fees			
Tax & Accounting Services			
Financial Planning			
Investment Supervision			
Sub-Total	\$	\$	\$
DISCRETIONARY EXPENSES			
Recreation/Entertainment			
Dining Out			
Movies/Theater/Concerts			
Club Dues/Expenses			
Hobbies			
Books/Photos/Music			
Subscriptions			
Magazines/Newspapers			
Other			
Other			
Sub-Total	\$	\$	\$
Contributions/Gifts			
Christmas			
Birthdays			
Weddings/Anniversary			
Baby Showers			
Greeting Cards			
Charity/Church			
Sub-Total	\$	\$	\$
Household			
Furnishings			
Housekeeper			
Sub-Total	\$	\$	\$

EXPENSE ITEM	CURRENT MONTHLY AVERAGE	DESIRED MONTHLY AVERAGE	RETIREMENT MONTHLY AVERAGE
Pets and Vets			
Pet Medical Care	_____	_____	_____
Pet Food	_____	_____	_____
Pet Supplies	_____	_____	_____
Sub-Total	\$ _____	\$ _____	\$ _____
Miscellaneous			
Home Office Supplies	_____	_____	_____
Cigarettes	_____	_____	_____
Other	_____	_____	_____
Other	_____	_____	_____
Other	_____	_____	_____
Sub-Total	\$ _____	\$ _____	\$ _____
Monthly Lifestyle Total			
TERM EXPENSES			
Housing			
Mortgage or Rent	_____	_____	_____
Association/Condo Dues	_____	_____	_____
Property Taxes	_____	_____	_____
Sub-Total	\$ _____	\$ _____	\$ _____
Other Real Estate			
Mortgage	_____	_____	_____
Property Taxes	_____	_____	_____
Sub-Total	\$ _____	\$ _____	\$ _____
Savings & Investments			
Retirement - 401(k)	_____	_____	_____
Retirement - IRA	_____	_____	_____
Other	_____	_____	_____
Sub-Total	\$ _____	\$ _____	\$ _____
Current Tuition/Education			
Costs			
Tuition for Self	_____	_____	_____
Tuition for Children	_____	_____	_____
Books/Supplies	_____	_____	_____
Other	_____	_____	_____
Sub-Total	\$ _____	\$ _____	\$ _____

EXPENSE ITEM	CURRENT MONTHLY AVERAGE	DESIRED MONTHLY AVERAGE	RETIREMENT MONTHLY AVERAGE
All Consumer Debt			
Auto Loan Payments			
Credit Card Payment			
# _____			
Credit Card Payment			
# _____			
Credit Card Payment			
# _____			
Credit Card Payment			
# _____			
Credit Card Payment			
# _____			
Sub-Total	\$ _____	\$ _____	\$ _____
Children's Expenses			
School Expenses			
Eating Out/Lunches			
Groceries			
Allowance			
Instruction/Sports			
Clothing			
Barber/Hairdresser			
Movie/Concert/Theatre			
Birthday Parties			
Toys/Books/Records			
Transportation Expense			
Childcare			
Other			
Sub-Total	\$ _____	\$ _____	\$ _____
Vacations & Travel			
Semi or Annual Vacations			
Weekend Trips			
Sub-Total	\$ _____	\$ _____	\$ _____
Auto Replacement Plan			
Lump Sum Purchase Estimate			
Auto Fund Monthly Savings			
Sub-Total	\$ _____	\$ _____	\$ _____
Every ____/ yrs.			
Monthly Term Total	\$ _____	\$ _____	\$ _____
Monthly Grand Total	\$ _____	\$ _____	\$ _____
Reconciliation - Total Income			
less Total Expenses			
(not including income taxes)	\$ _____	\$ _____	\$ _____