

Current Spending Level

Client Name: _____

Date: _____

(Enter amount based on frequency of payment. Calculate "Annual Amount for Item".)

	Monthly	Quarterly	Semi-Annually	Annual Amount for Item	Annual Total for Category
Housing					
Mortgage Principal & Interest					
Property Taxes					
Homeowner's Association Dues					
Homeowner's Insurance					
Flood Insurance					
Total Housing					
Other Debt					
Second-Mortgage Payment					
Student Loan Payments					
Credit Card Payments <i>(If balance maintained, enter "min payment"; if paid off monthly, enter "0")</i>					
Other Loan Payments					
Total Other Debt					
Utilities					
Gas					
Electric					
Water					
Telephone					
Cell Phones					
Cable/Satellite TV					
Internet Access					
Home Security System					
Total Utilities					
Household					
Groceries					
Take-Out					
Household Maintenance/Cleaning					
Lawn/Yard Maintenance					
Pool Maintenance					
Home Furnishings					
Home Improvement					
Other Household					
Total Household					
Medical Insurance Premiums					
Group or Private Medical Ins. Premiums					
Medicare Part B Premiums					
Medigap/Medicare Supplement Premiums					
Prescription Drug Plan Premiums					
Dental Plan Premiums					
Total Medical Insurance Premiums					
Other Insurance Premiums					
Life Insurance Premiums					
Disability Insurance Premiums					
Auto Insurance Premiums					
Long-Term Care Insurance Premiums					
Personal Articles Insurance Premiums					
Umbrella Insurance Premiums					
Other Insurance Premiums					
Total Other Insurance Premiums					

	Monthly	Quarterly	Semi-Annually	Annual Amount for Item	Annual Total for Category
Transportation					
Auto Loan/Lease 1					
Auto Loan/Lease 2					
Fuel					
Service					
Parking/Tolls					
Public Transportation					
Total Transportation					
Children's Activities					
Childcare					
Music Lessons					
Dance Classes					
Art Classes					
Sports Teams					
Martial Arts Classes					
Other Children's Activities					
Total Children's Activities					
Leisure					
Entertainment					
Dining Out					
Vacations					
Golf/Social Club Dues/Expenses					
Hobbies					
Other Leisure					
Total Leisure					
Health Care (out-of-pocket)					
Medical (out-of-pocket)					
Dental (out-of-pocket)					
Prescription Drugs (out-of-pocket)					
Eye Care (out-of-pocket)					
Chiropractic Care (out-of-pocket)					
Other Health Care (out-of-pocket)					
Total Health Care (out-of-pocket)					
Personal					
Current Education/Self Improvement Costs					
Hair/Beauty					
Clothing					
Dry-Cleaning/Laundry					
Fitness Club Dues					
Memberships (AAA, AARP, etc.)					
Other Personal					
Total Personal					
Other Expenses					
Gifts					
Charitable Contributions					
Pet Care					
Miscellaneous Cash Expenses					
Subscriptions					
Other Expenses					
Total Other Expenses					
TOTAL CURRENT SPENDING (excluding income taxes)					

TOTAL CURRENT SPENDING (from previous page)

	Monthly	Quarterly	Semi-Annually	Annual Amount for Item	Annual Total for Category
Saving & Investing					
Tax-Deferred Saving/Investing <i>(e.g., 401(k), IRA)</i>					
Education Saving/Investing					
Christmas Club					
Other Saving/Investing					
Total Saving & Investing					

TOTAL CURRENT OUTFLOWS (excluding income taxes)