

Client Expense Worksheet

CLIENT _____

DATE _____

	Monthly	Annual		Monthly	Annual
HOUSING EXPENSES			EDUCATION AND CHILD CARE EXPENSES		
Mortgage/rent			School, tuition, books, fees		
Homeowner's/renters insurance/PMI			Daycare		
Flood insurance			Spending allowances		
Personal property insurance/umbrella			Prof. courses and subscriptions		
Property taxes			Total Education and Child Care		
Association dues			ENTERTAINMENT EXPENSES		
Utilities (gas, electricity, phone, cable, alarm, etc.)			Vacation and travel		
Home repairs/maintenance (yard, pool, etc.)			Children (parties, toys, sports, school events)		
Furniture and appliances			Hobbies		
Service calls (plumbing, TV, house cleaning, etc.)			Entertainment (excluding outside meals)		
Household supplies			Subscriptions, books, magazines, etc.		
Other household expenses			Memberships (health club, etc.)		
Total Housing			Total Entertainment		
FOOD EXPENSES			DEBT RETIREMENT EXPENSES		
Groceries, beer and wine			Home equity loans		
Outside meals			Student loans		
Total Food			Credit card payments (cards with balances)		
CLOTHING EXPENSES			Other unsecured note payments		
First client			Total Debt Retirement		
Second client			INVESTMENT SAVINGS		
Children			Employee retirement plan – first client		
Cleaning, laundry & repair			Employee retirement plan – second client		
Total Clothing			IRA – first client		
TRANSPORTATION EXPENSES			IRA – second client		
Automobile payments			Mutual funds, annuities, other investments		
Insurance			Total Investment		
Gas, oil, repairs, vehicle registration			MISCELLANEOUS EXPENSES		
Other transportation expenses			Legal and accounting fees		
Bus, train, taxi, parking & tolls			Cash allowances/emergency fund		
Total Transportation			Gifts (holidays, birthdays, etc)		
HEALTH EXPENSES			Charities		
Medical and dental bills			Dependent support/spousal maintenance		
Drugs and medicines			Barber, beauty shop, etc.		
Total Health			Other (pets)		
RISK MANAGEMENT EXPENSES			Other (storage fee)		
Health Insurance			Other		
Disability insurance – first client			Other		
Disability insurance – second client			Total Miscellaneous		
Life insurance – first client					
Life insurance – second client			Business expenses		
Long term care insurance – first client					
Long term care insurance – second client			Subtotal (this column)		
Other			Subtotal (first column)		
Total Risk Management					
Subtotal (this column)			TOTAL CURRENT EXPENSES		