

Client Name: _____

Income - Expense Worksheet

Income (Annual)	Client	Partner	Total
Wages	_____	_____	\$0
Social Security	_____	_____	\$0
IRA Distribution	_____	_____	\$0
Rental Income	_____	_____	\$0
Interest Income	_____	_____	\$0
Dividend Income	_____	_____	\$0
Gross Income	\$0	\$0	\$0
Minus Taxes			
FICA: Social Security	\$0	\$0	\$0
Medicare	\$0	\$0	\$0
Federal Income Tax	_____	_____	\$0
State Income Tax	_____	_____	\$0
Total Taxes			\$0
Net Income (Annual)	\$0	\$0	\$0

Living Expenses (Annual)

Housing	Primary	Vacation	Total
Mortgage/Rent	_____	_____	\$0
Property Tax	_____	_____	\$0
Home Insurance	_____	_____	\$0
Home Improvement	_____	_____	\$0
Other	_____	_____	\$0
Housing Total	\$0	\$0	\$0

Utilities	Primary	Vacation	Total
Electric	_____	_____	\$0
Oil/Gas	_____	_____	\$0
Water/Sewer	_____	_____	\$0
Telecomm Svcs	_____	_____	\$0
Utilities Total	\$0	\$0	\$0

Personal	Total
Groceries	_____
Clothing	_____
Laundry/Cleaning	_____
Personal Care	_____
Other	_____
Personal Total	\$0

Healthcare/Insurance	Total
Medical Premiums	_____
Medical Copays	_____
Dental/Vision/Hearing	_____
Disability Premiums	_____
Life Insurance Premiums	_____
Long-Term Care Premiums	_____
Healthcare Total	\$0

Family Care	Total
Parental Support	_____
Child/Grandchild Support	_____
Other Obligations	_____
Family Care Total	\$0

Routine Transportation	Total
Auto Payments	_____
Auto Insurance	_____
Auto Maintenance	_____
Gasoline	_____
Registration Fees	_____
Other Commuting Expenses	_____
Transportation Total	\$0

Discretionary Recreation	Total
Club Memberships	_____
Hobbies	_____
Travel/Vacations	_____
Dining Out	_____
Other	_____
Recreation Total	\$0

Other	Total
Debt Reductions	_____
Debt Reductions	_____
Gifts - Charitable	_____
Gifts - Family	_____
Retirement Contribution (1)	_____
Retirement Contribution (2)	_____
Other Total	\$0

Total Expenses \$0

Income Minus Expenses = Disposable Income \$0