

RETIREMENT BUDGET WORKSHEET

Enter your monthly expenses in the fields below and your total estimated expenses will be calculated.

ESSENTIAL EXPENSES	HOUSING			TRANSPORTATION		
	Outstanding Mortgage	<input type="text"/>		Total Auto Loans	<input type="text"/>	
		MONTHLY	ANNUAL		MONTHLY	ANNUAL
	Mortgage/Rent	<input type="text"/>	<input type="text"/>	Auto Payment(s)	<input type="text"/>	<input type="text"/>
	Repairs/Maintenance	<input type="text"/>	<input type="text"/>	Auto Insurance(s)	<input type="text"/>	<input type="text"/>
	Homeowners Insurance	<input type="text"/>	<input type="text"/>	Fuel	<input type="text"/>	<input type="text"/>
	Property Taxes	<input type="text"/>	<input type="text"/>	Maintenance	<input type="text"/>	<input type="text"/>
	Other	<input type="text"/>	<input type="text"/>	Other	<input type="text"/>	<input type="text"/>
	NECESSITIES			FAMILY CARE		
	Food	<input type="text"/>	<input type="text"/>	Parental Care	<input type="text"/>	<input type="text"/>
Utilities	<input type="text"/>	<input type="text"/>	Education	<input type="text"/>	<input type="text"/>	
Clothing	<input type="text"/>	<input type="text"/>	Other	<input type="text"/>	<input type="text"/>	
Other	<input type="text"/>	<input type="text"/>	TAXES			
HEALTH CARE AND INSURANCE			State & Federal Income	<input type="text"/>	<input type="text"/>	
Health Insurance	<input type="text"/>	<input type="text"/>	Other Taxes	<input type="text"/>	<input type="text"/>	
Dental Insurance	<input type="text"/>	<input type="text"/>	MISCELLANEOUS			
Medicare Premiums	<input type="text"/>	<input type="text"/>	_____	<input type="text"/>	<input type="text"/>	
Out-of-pocket Expenses	<input type="text"/>	<input type="text"/>	_____	<input type="text"/>	<input type="text"/>	
Long Term Care Insurance	<input type="text"/>	<input type="text"/>	_____	<input type="text"/>	<input type="text"/>	
Life Insurance	<input type="text"/>	<input type="text"/>				
Other	<input type="text"/>	<input type="text"/>				
DISCRETIONARY EXPENSES	LEISURE AND ENTERTAINMENT			CREDIT CARD DEBT	<input type="text"/>	<input type="text"/>
	Dining Out	<input type="text"/>	<input type="text"/>	CHARITABLE CONTRIBUTIONS	<input type="text"/>	<input type="text"/>
	Vacations/Travel	<input type="text"/>	<input type="text"/>	AUTOMATIC TRANSFERS	<input type="text"/>	<input type="text"/>
	Club Memberships	<input type="text"/>	<input type="text"/>	MISCELLANEOUS		
	Hobbies	<input type="text"/>	<input type="text"/>	_____	<input type="text"/>	<input type="text"/>
	Educational Classes	<input type="text"/>	<input type="text"/>	_____	<input type="text"/>	<input type="text"/>
	Other	<input type="text"/>	<input type="text"/>	_____	<input type="text"/>	<input type="text"/>
TOTAL EXPENSES		MONTHLY	ANNUAL			
	ESSENTIAL EXPENSES	<input type="text"/>	<input type="text"/>	<i>% of Total Expenses</i>	<input type="text"/>	
	DISCRETIONARY EXPENSES	<input type="text"/>	<input type="text"/>	<i>% of Total Expenses</i>	<input type="text"/>	
	TOTAL EXPENSES	<input type="text"/>	<input type="text"/>			

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