

*A New Life Begins with
a New Plan...*



**A Personal Organizer and Financial Planner
for Your Family**

Personal Financial Information Table of Contents

1. Finance Management & Planning
2. Personal Information
3. Financial Institutions
4. Insurance Checklist
5. Pension and Investment Checklist
6. Tangible Assets Checklist
7. Business Interests
8. Tax Information
9. Professional Contacts
10. Important Papers
11. Finance Management Tools

Section 1: Finance Management & Planning

The goal of financial planning is to provide some degree of financial security for you and your family throughout your lives. Of course we only have limited control over our financial futures since we cannot control the world around us or all the events that affect our finances. However, anything that we can do to prepare for unforeseen, or the foreseen, for that matter can make a big difference in how secure we feel and how well we cope when the unexpected occurs.

This information is offered to you with the hope that it may be helpful to you in developing and maintaining your personal financial plan by:

- Providing a means of organizing your personal and financial information.
- Giving you a visual means of seeing where you and your family stand financially so that you can make and revise your plans for the future.
- Suggesting a variety of financial planning elements that might be helpful.
- Motivating you to follow through with your financial goals.
- Providing you the tools and products to meet those goals.

In the event of an emergency or at death, information can be extremely important. Thus, having everything listed in an organized planner makes things simpler.

When you have completed the information, place this binder in a safe location. Make sure that its location is known by at least two other family members or close friends. Do not place it in a safe deposit box because of the limited access to it in time of need, although you may wish to keep it in a fire proof lock box or safe.

This information is intended for your general use only. You may want to obtain professional advice from either a lawyer or a certified financial planner regarding your specific financial planning.

***Although this organizer provides a place to store personal information such as social security numbers, credit card PINS, etc. you might want to keep some information separate and instead simply state here where the sensitive information or documents can be found.**

Instructions for Use

There are a variety of ways that you might use this organizer. You may wish to simply fill out the information to keep in your binder or you might also use it as a means of organizing the important documents themselves. For instance, instead of filling out your salary history, you might want to place a copy of your W-2s for each year in the binder behind the Employment History section. Or, within the Financial Institutions section you might place a copy of a bank statement or informational form listing your account information, etc. Use it any way that is easiest for you.

Note: Under the Important Papers section do not place original documents (such as birth certificates, titles and deeds, etc.) within the binder unless you keep the binder itself within a fireproof lock box. We suggest instead that you place a copy of the papers inside the binder for reference purposes only or that you simply fill out the information in the “Important Documents” section. If you do place originals within the binder, use sheet protectors to place the documents in the binder. Do not use a hole punch on the documents.

Setting Financial Goals

Financial planning and management requires that you know where you stand now, financially, where you want to be in the future, and what you need to do to get there. You will also need to determine what obstacles you may encounter along the way and how you can prepare now to overcome them. As time passes your goals will change and you will need to regularly review and revise your plan. These steps do not need to be written out or followed formally, but you should make a note in your schedule once a year to reexamine your plan and to take note of where you are and what you need to do to stay on track.

The final section of this organizer has tools, specifically the Budget and Sinking Funds worksheets. The **Budget Worksheet** will help you to see where your money is going now and the **Sinking Funds Worksheet** will help you to anticipate expenses for the near future so as to spread those expenses over the course of the year. The **Emergency Fund Worksheet** should be used to track funds set aside for Sinking Fund expenses as well as unforeseen events and expenses such as loss of job, sickness, etc. *(It is recommended that everyone have in their Emergency Fund enough money to cover 6 months of their family's expenses.)*

As you begin to get organized and to budget and set goals, you may feel a bit overwhelmed. Don't give up! It will take time to meet even your most basic goals.

And don't try to complete one goal before starting another. Work on all of them little by little. For instance, you could save for years trying to build up your emergency fund and never get it to where it should be. Long before you do, some tragedy (small or large) will come along to drain it. Instead, put a little back on a regular basis toward an emergency fund and purchase insurance, especially disability and life insurance, to protect against the large emergencies; more on this in the next section.

Spread Out the Blanket

When purchasing insurance to protect against those unexpected tragedies, An agent may suggest an optimum amount, or even a minimum amount that you may need to cover your bills in case of a death, but if purchasing the maximum amount of life insurance means you cannot afford coverage for disability, then you may want to consider a smaller amount of coverage or a shorter term policy for now. It is usually better to be under-covered in a couple of areas temporarily, rather than have no coverage against either death or disability.

Do not underestimate the need for disability income insurance! In addition to the loss of income experienced with a death, a disability brings with it additional expenses, such as medical bills, and the expense of others taking care of you or your chores that you might usually do outside of your employment. And the risk of disability is greater than that of death.

"The chances of becoming disabled are probably greater than you realize. Studies show that a 20 year old worker has a 3-in-10 chance of becoming disabled before reaching retirement age." - SSA.gov, 4/7/04

...whereas, that same 20-year-old has only a 17% chance of dying before age 65. - Table 10. National Vital Statistics Report, Vol. 47, No. 28, 12/13/99

Do not count on Social Security Disability, as it may take years to receive benefits. (See *"Won't Social Security cover me if I become disabled?"* www.getfinancialadvice.com/disability.html). These are just a few factors and suggestions to keep in mind when beginning a financial plan. For more information on financial planning and financial products, as well as tools, articles and more visit our website at www.getfinancialadvice.com. For tips, and suggestions on financial planning products or to

get answers to questions you might have visit our blog at
www.getfinancialadvice.blogspot.com.

Section 2: Personal Information

- Check if information is included
 - Personal Information
 - Parents Information
 - Siblings or Other Relatives Information
 - Employment History
 - Salary History
 - Instructions to the Family

Personal Information

Legal Name _____

SSN _____ Birthdate _____

Maiden Name (if applicable) _____

Place of Birth _____

Spouse's Name _____ Maiden Name _____

SSN _____ Birthdate _____

Place of Birth _____

Parents

Name and Address

Living Deceased

Relationship

Birthdate

Name and Address

Living Deceased

Relationship

Birthdate

Name and Address

Living Deceased

Relationship

Birthdate

Siblings or Other Relatives

Name _____ SSN _____

Birthdate _____ Gender _____ Marital Status _____

Address _____ Phone _____

Name _____ SSN _____

Birthdate _____ Gender _____ Marital Status _____

Address _____ Phone _____

Name _____ SSN _____

Birthdate _____ Gender _____ Marital Status _____

Address _____ Phone _____

Name _____ SSN _____

Birthdate _____ Gender _____ Marital Status _____

Address _____ Phone _____

Name _____ SSN _____

Birthdate _____ Gender _____ Marital Status _____

Address _____ Phone _____

Name _____ SSN _____

Birthdate _____ Gender _____ Marital Status _____

Address _____ Phone _____

Employment History

There are a number of reasons why employment and salary history are important. One of the strongest reasons is that in the case of one's applying for Social Security disability benefits, the claimant is required to provide up to 15 years of employment documentation. Not only will salary information be required but details of your specific duties while on the job and any information that will help them confirm why those duties could no longer be performed.

Present Employer

Department: _____ Phone: _____

Title _____

Supervisor: _____ Phone: _____

Hire Date: _____

Specific Duties: _____

Retirement Benefits Yes No

Contact: _____ Phone: _____

E-mail: _____

Former Employer: _____

Address: _____ Phone: _____

Employment Date From: _____ To: _____

Specific Duties: _____

Retirement Benefits Yes No

Contact person for benefits: _____

Phone: _____

E-mail: _____

Former Employer: _____

Address: _____ Phone: _____

Employment Date From: _____ To: _____

Specific Duties: _____

Retirement Benefits Yes No

Contact person for benefits: _____

Phone: _____

E-mail: _____

Former Employer: _____

Address: _____ Phone: _____

Employment Date From: _____ To: _____

Specific Duties: _____

Retirement Benefits Yes No

Contact person for benefits: _____

Phone: _____

E-mail: _____

Former Employer: _____

Address: _____ Phone: _____

Employment Date From: _____ To: _____

Specific Duties: _____

Retirement Benefits Yes No

Contact person for benefits: _____

Phone: _____

E-mail: _____

Former Employer: _____

Address: _____ Phone: _____

Employment Date From: _____ To: _____

Specific Duties: _____

Retirement Benefits Yes No

Contact person for benefits: _____

Phone: _____

E-mail: _____

Section 3: Financial Institutions

Check if information is included

- | | |
|---|---|
| <input type="checkbox"/> Bank | <input type="checkbox"/> Credit Union |
| <input type="checkbox"/> Checking | <input type="checkbox"/> Checking |
| <input type="checkbox"/> Savings | <input type="checkbox"/> Savings |
| <input type="checkbox"/> Certificate of Deposit | <input type="checkbox"/> Certificate of Deposit |
| <input type="checkbox"/> Money Market | <input type="checkbox"/> Money Market |
| <input type="checkbox"/> Credit Cards | <input type="checkbox"/> Credit Cards |
| <input type="checkbox"/> Loan Information | <input type="checkbox"/> Loan Information |
| <input type="checkbox"/> Other | <input type="checkbox"/> Other |

Financial Institutions

Name of Financial Institution _____

Address _____

Phone _____

Contact Person _____

	Account Number(s)	PIN Number
<input type="checkbox"/> Checking	_____	_____
<input type="checkbox"/> Savings	_____	_____
<input type="checkbox"/> Certificates of Deposit	_____	_____
<input type="checkbox"/> Money Market	_____	_____
<input type="checkbox"/> Credit Card(s)	_____	_____

(Lost or stolen card call _____)

Credit Card(s) _____

(Lost or stolen card call _____)

Credit Card(s) _____

(Lost or stolen card call _____)

Credit Card(s) _____

(Lost or stolen card call _____)

Financial Institutions (Continued)

Name of Financial Institution _____

Address _____

Phone _____

Contact Person _____

	Account Number(s)	PIN Number
<input type="checkbox"/> Checking	_____	_____
<input type="checkbox"/> Savings	_____	_____
<input type="checkbox"/> Certificates of Deposit	_____ _____	_____ _____
<input type="checkbox"/> Money Market	_____	_____
<input type="checkbox"/> Credit Card(s)	_____	_____
	(Lost or stolen card call _____)	
<input type="checkbox"/> Credit Card(s)	_____	_____
	(Lost or stolen card call _____)	
<input type="checkbox"/> Credit Card(s)	_____	_____
	(Lost or stolen card call _____)	

Loan Information

Name of Bank/Credit Union _____

Address _____ Phone _____

Account Number _____

Contact Person _____

Collateral _____

Loan Term _____ Payoff Date _____

Credit Life/Disability Insurance Yes No

Name of Bank/Credit Union _____

Address _____ Phone _____

Account Number _____

Contact Person _____

Collateral _____

Loan Term _____ Payoff Date _____

Credit Life/Disability Insurance Yes No

Name of Bank/Credit Union _____

Address _____ Phone _____

Account Number _____

Contact Person _____

Collateral _____

Loan Term _____ Payoff Date _____

Credit Life/Disability Insurance Yes No

Other Financial Information _____

Section 4: Insurance Checklist

- Check if information is included

- Medical
- Dental
- Vision
- Life
- Disability
- Auto
- Recreational Vehicles
- Homeowners/Renters
- Umbrella (General Liability Policy)
- Long-Term Care
- Other Insurance Plans

Health Insurance – Medical, Dental and Vision

Medical Insurance Company _____

Group Individual

Phone Number _____

Policy or Certificate Number _____

Plan Name and Type _____

- Hospitalization
- Physician Visits
- Prescriptions

Dental Insurance Company _____

Group Individual

Phone Number _____

Policy or Certificate Number _____

Plan Name and Type _____

Vision Insurance Company _____

Group Individual

Phone Number _____

Policy or Certificate Number _____

Plan Name and Type _____

Other Insurance Company _____

Group Individual

Phone Number _____

Policy or Certificate Number _____

Plan Name and Type _____

Prescription Information

Patient Name

Medication

Dosage/Frequencies

Doctor

Life Insurance

Insurance Company _____

Group

Individual

Phone Number _____

Policy or Certificate Number _____

Type of Coverage _____

Amount of Coverage _____

Beneficiaries _____

Insurance Company _____

Group

Individual

Phone Number _____

Policy or Certificate Number _____

Type of Coverage _____

Beneficiaries _____

Disability/Accident Insurance

Insurance Company _____

Group

Individual

Phone Number _____

Policy or Certificate Number _____

Type of Coverage _____

Beneficiaries _____

Auto Insurance

Insurance Company _____

Group

Individual

Agent _____

Phone Number _____

Policy or Certificate Number _____

Type of Coverage _____

Vehicle 1 _____ VIN _____

Vehicle 2 _____ VIN _____

Vehicle 3 _____ VIN _____

Vehicle 4 _____ VIN _____

Recreational Vehicle Insurance

Insurance Company _____

Group

Individual

Agent _____

Phone Number _____

Policy or Certificate Number _____

Type of Coverage _____

Vehicle 1 _____ VIN _____

Vehicle 2 _____ VIN _____

Vehicle 3 _____ VIN _____

Motorcycle _____ VIN _____

Homeowners/Renters Insurance

Insurance Company _____

Group

Individual

Agent _____

Phone Number _____

Policy or Certificate Number _____

Type of Coverage _____

Umbrella Policy (General Liability Policy)

Insurance Company _____

Group

Individual

Agent _____

Phone Number _____

Policy or Certificate Number _____

Type of Coverage _____

Long-Term Care Insurance

Insurance Company _____

Group

Individual

Agent _____

Phone Number _____

Policy or Certificate Number _____

Type of Coverage _____

Other Insurance Information

Section 5: Pension & Investment Checklist

- Check if information is included
 - Basic Retirement Plan & Other Pension Plans
 - Savings Account (see financial institutions section)
 - Certificates of Deposit (see financial institutions section)
 - Savings Plans & Other Employer Savings Plans
 - IRA
 - Mutual Funds
 - U.S. Savings Bonds
 - Stocks & Bonds
 - Social Security Information

Basic Retirement Plan

Contact: _____

Phone: _____ E-mail: _____

Retirement estimate can be obtained at: _____

Retirement Estimate Enclosed: Yes No

Payout option _____

Beneficiary _____

Other Pension Plan(s)

Company _____

Address _____

Phone _____ Contact Person _____

Amount _____

Company _____

Address _____

Phone _____ Contact Person _____

Amount _____

Other Pertinent Information: _____

Savings Programs & Other Savings Plans

1. **Tax Deferred 403(b) Plan** Plan Balances can be found at:

_____ or call _____
Account Number (Social Security Number) _____
Location of Semi-Annual Statements _____
PIN Number _____
Outstanding loans against 403(b) plan _____
Date of Loan _____
Term of Loan _____
Final Payment Due _____

2. **After-Tax Plan 401(a)** Plan Balances can be found at:

_____ or call _____
Account Number (Social Security Number) _____
Location of Semi-Annual Statements _____
PIN Number _____

3. **Defined Contribution Plan (DCP – 401(a) plan)** Plan Balances can

_____ or call _____
Account Number (Social Security Number) _____
Location of Semi-Annual Statements _____
PIN Number _____

4. Capital Accumulation Plan (CAP account) Plan Balance can be

_____ or call _____

Account Number (Social Security Number) _____

Location of Semi-Annual Statements _____

PIN Number _____

5. Other Employer Savings Plans Plan Balance can be found at:

Account Number (Social Security Number) _____

Location of Semi-Annual Statements _____

PIN Number _____

6. Other Employer Savings Plan Plan Balance can be found at:

Account Number (Social Security Number) _____

Location of Semi-Annual Statements _____

PIN Number _____

7. Other Employer Savings Plan Plan Balance can be found at:

Account Number (Social Security Number) _____

Location of Semi-Annual Statements _____

PIN Number _____

IRA Accounts

Traditional Rollover ROTH Education

Company _____

Address _____ Phone _____

Contact Person _____

Account Number & Type _____

Company _____

Address _____ Phone _____

Contact Person _____

Account Number & Type _____

Company _____

Address _____ Phone _____

Contact Person _____

Account Number & Type _____

Company _____

Address _____ Phone _____

Contact Person _____

Account Number & Type _____

Mutual Funds

Company _____

Address _____ Phone _____

Contact Person _____

Account Number _____

Company _____

Address _____ Phone _____

Contact Person _____

Account Number _____

Stocks and Bonds

Brokerage Firm _____

Address _____ Phone _____

Contact Person _____

Account Number _____

Other Investment Information

Social Security Information

Beginning in 2000 the Social Security Administration sends out annual statements to all wage earners. This Personal Earnings and Benefit Estimate Statement shows your Social Security earnings history and estimates how much you have paid in Social Security taxes. It also estimates your future benefits and tells you how you can qualify for benefits. It is a good idea to review these statements for accuracy and it is important to keep these statements in your records.

Local Social Security Office: Hours 9 am to 4 pm

General Information and Services: Hours 7am to 7pm

Phone: _____

<http://www.ssa.gov>

Section 6: Tangible Assets Checklist

- Check if information is included

- Primary Residence
- Secondary Residence
- Automobile(s)
- Recreational Vehicle
- Personal Property
- Business Interests

Residential Property

Primary Residence _____

Mortgage Holder _____

Address _____ **Phone** _____

Location of papers (deed, insurance, etc.) _____

Secondary Residence _____

Mortgage Holder _____

Address _____ **Phone** _____

Location of papers (deed, insurance, etc.) _____

Other Real Property _____

Automobile(s)

Make/Model _____

Lien holder _____

Address _____ **Phone** _____

Insurance Company _____

Location of Title _____

License Plate # _____ **VIN** _____

Make/Model _____

Lien holder _____

Address _____ **Phone** _____

Insurance Company _____

Location of Title _____

License Plate # _____ **VIN** _____

Make/Model _____

Lien holder _____

Address _____ **Phone** _____

Insurance Company _____

Location of Title _____

License Plate # _____ **VIN** _____

Recreational Vehicle(s)

Make/Model _____

Lien holder _____

Address _____ **Phone** _____

Insurance Company _____

Location of Title _____

License Plate # _____ **VIN** _____

Make/Model _____

Lien holder _____

Address _____ **Phone** _____

Insurance Company _____

Location of Title _____

License Plate # _____ **VIN** _____

Personal Property

List all possessions that are valuable, tangible property.

Examples: Jewelry, Furniture, Collectibles/Antiques, Home Office Equipment, Electronics, Other Equipment, Books, CD's, Artwork, Musical Instruments, etc.

Item	Location	Value	Insured Y or N
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____
9. _____	_____	_____	_____
10. _____	_____	_____	_____
11. _____	_____	_____	_____
12. _____	_____	_____	_____
13. _____	_____	_____	_____
14. _____	_____	_____	_____
15. _____	_____	_____	_____

Section 7: Business Interest(s)

Check if information is included

- Limited Partnership
- General Partnership
- Sole Proprietorship
- LLC
- Corporation
- Royalties/Residuals
- Other

Be sure to enclose all pertinent information regarding your additional business interest(s).

Section 8: Tax Information

Check if information is included

- Federal Tax Return
- State Tax Return
- Flexible Spending Account (FSA)
- Charitable Contributions
- Premium Only Plan (POP)

Tax Service Used Yes No

Name of Service _____

Address _____ Phone _____

Contact Person _____

Location of Tax Records

Charitable Contributions

Name of Organization _____

Annual Donation Amount _____

Instructions for Future Donations _____

Name of Organization _____

Annual Donation Amount _____

Instructions for Future Donations _____

Name of Organization _____

Annual Donation Amount _____

Instructions for Future Donations _____

Section 10: Professional Contacts



Check if information is included

- Accountant
- Attorney
- Insurance Agent
- Physician(s)
- Dentist
- Clergy
- Certified Financial Planner
- Benefits Office
- Auto Mechanic
- Plumber
- Roofer
- Other

Professional Contacts

Contact Type _____

Name _____

Address _____ Phone _____

City, State, Zip _____

Email _____

Contact Person _____

Account Number _____

Other Info _____

Contact Type _____

Name _____

Address _____ Phone _____

City, State, Zip _____

Email _____

Contact Person _____

Account Number _____

Other Info _____

Contact Type _____

Name _____

Address _____ Phone _____

City, State, Zip _____

Email _____

Contact Person _____

Account Number _____

Other Info _____

Contact Type _____

Name _____

Address _____ **Phone** _____

City, State, Zip _____

Email _____

Contact Person _____

Account Number _____

Other Info _____

Contact Type _____

Name _____

Address _____ **Phone** _____

City, State, Zip _____

Email _____

Contact Person _____

Account Number _____

Other Info _____

Section 10: Important Papers

Check if records are included

- Birth Certificate(s)
- Citizenship Papers
- Passport
- Marriage Certificate
- Military Service Papers
- Divorce Papers
- Death Certificate(s)
- Living Will
- Power of Attorney
- Real Estate Papers
- Prepaid Funeral Plan

Location of Important Documents

Birth Certificate(s) _____

Citizenship Papers _____

Military Service Papers _____

Marriage Certificate _____

Divorce Papers _____

Power of Attorney _____

Real Estate Papers _____

Living Will _____

Wills/Trusts/Estate Planning

Wills and living trusts are legal documents that determine how your estate will be distributed following your death. In the absence of such documents, your property will be distributed among your heirs as prescribed by statute. Because this distribution is unlikely to match your own preferences, you should carefully consider creating a will, a trust or both. Because estate planning is a complex issue, you should seek appropriate legal counsel to determine how best to meet your individual estate planning requirements.

Attorney for Will _____ Phone _____

Date of Will _____

Location of Will _____

Location of Additional Copies _____

Executor _____

Address _____ Phone _____

Attorney for Trust _____ Phone _____

Name of Trust _____

Date of Trust _____

Trustees _____

Location of Trust Documents _____

Location of Additional Copies _____

Trustee Bank (if applicable) _____

Address _____ Phone _____

Contact Person _____

The table below indicates the documents you need to keep and how long you should keep them.

<u>DOCUMENT</u>	<u>HOW LONG</u>
Bank Statements	6 years**
Birth Certificates	Indefinitely
Canceled checks	6 years**
Contracts	Updated
Credit card account numbers	Updated
Divorce papers	Indefinitely
Home purchase & improvement records	As long as you own the property
Household inventory	Updated
Insurance, life	Indefinitely
Insurance, car, home, etc.	Updated
Investment records	6 years after tax deadline for the year of sale**
Investment certificates	Until cashed or sold
Loan agreements	Until paid in full
Military service records	Indefinitely
Real estate deeds	Until transfer
Receipts for large purchases	Until sale or discard
Service contracts & warranties	Until expiration
Social Security number	Indefinitely
Tax returns	6 years from filing date
Vehicle titles	Until sale or disposal
Will	Updated

**The IRS audits returns up to three years after filing; however, large underpayments may be investigated as far back as six years.

People to be contacted at time of death

Name _____

Phone # _____

Name _____

Phone # _____

Name _____

Phone # _____

Name _____

Phone # _____

Name _____

Phone # _____

Name _____

Phone # _____

Name _____

Phone # _____

Section 11: Finance Management Tools

- Check if records are included

- Sinking Fund
- Emergency Fund
- Monthly Budget
- Cash Flow Analysis
- Net Worth Analysis
- Other

SINKING FUND (ANTICIPATED EXPENSES) WORKSHEET

From getfinancialadvice.com and gfaexpress.com

	ANTICIPATED EXPENSE	EXPENSE FREQUENCY	ANTICIPATED COST	MONTHLY OVER ONE YEAR	MONTHLY UNTIL DUE DATE	NEXT DUE DATE
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						

MONTHLY BUDGET WORKSHEET

From getfinancialadvice.com and gfaexpress.com

CATEGORY	BUDGET AMOUNT	ACTUAL AMOUNT	DIFFERENCE
INCOME			
Wages and Bonuses			
Interest Income			
Investment Income			
Miscellaneous Income			
Income Subtotal			
Income Taxes Withheld			
Federal Income Tax			
State and Local Income Tax			
Social Security/Medicare Tax			
Income Taxes Subtotal			
SPENDABLE INCOME			
EXPENSES			
Home:			
Mortgage or Rent			
Homeowners/Renters Insurance			
Property Taxes			
Home Repairs/Maintenance/HOA Dues			
Home Improvements			
Utilities:			
Electricity			
Water and Sewer			
Natural Gas or Oil			
Telephone (Land Line, Cell)			
Food:			
Groceries			

MONTHLY BUDGET WORKSHEET

From getfinancialadvice.com and gfaexpress.com

Eating Out, Lunches, Snacks			
Family Obligations:			
Child Support/Alimony			
Day Care, Babysitting			
Health and Medical:			
Insurance (medical,dental,vision)			
Out-of-Pocket Medical Expenses			
Fitness (Yoga,Massage,Gym)			
Transportation:			
Car Payments			
Gasoline/Oil			
Auto Repairs/Maintenance/Fees			
Auto Insurance			
Other (tolls, bus, subway, taxi)			
Debt Payments:			
Credit Cards			
Student Loans			
Other Loans			
Entertainment/Recreation:			
Cable TV/Videos/Movies			
Computer Expense			
Hobbies			
Subscriptions and Dues			
Vacations			
Pets:			
Food			
Grooming, Boarding, Vet			

MONTHLY BUDGET WORKSHEET

From getfinancialadvice.com and gfaexpress.com

Clothing:			
Investments and Savings:			
401(K)or IRA			
Stocks/Bonds/Mutual Funds			
College Fund			
Savings			
Emergency Fund			
Miscellaneous:			
Toiletries, Household Products			
Gifts/Donations			
Grooming (Hair, Make-up, Other)			
Other Miscellaneous Expense			
TOTAL INVESTMENTS & EXPENSES			
SURPLUS/SHORTAGE (Spendable income minus expenses & investments)			