



**Flower City
Advisory**

Financial Planning Expense Worksheet

Name: _____ Date: _____

HOUSING	Monthly	Annual	CLOTHING	Monthly	Annual
Mortgage			Adult #1		
Condo Fees / Association Fee			Adult #2		
Electricity / Gas			Children		
Water			TOTAL		
Garbage Removal			FURNISHINGS		
Telephone / Personal Computer			Inside / Outside		
Cable / Satellite TV / Internet			TOTAL		
Security System			PERSONAL CARE AND CASH		
Pool Service			Dry Cleaning		
Lawn Service			Hair / Nails / Facials		
Maid Service			Cosmetics / Shoe Shine		
Maintenance / Improvements			Massage		
Property Taxes			Health Club		
Pest / Bug Service			Other		
Home Owners Insurance / Other			TOTAL		
TOTAL			MEDICAL / DENTAL / VISION		
CHILD CARE			Co-Pays / Deductibles		
Support Payments			Prescriptions / Health Care Costs		
Daycare / Education			Vitamins		
Sports Activities			Other		
Other			TOTAL		
TOTAL			EDUCATION / SELF IMPROVEMENT		
TRANSPORTATION			Private School / College		
Loan / Lease Payment #1			Classes / Books / Paper		
Loan / Lease Payment #2			Association Fees / Subscriptions		
Loan / Lease Payment #3			Hobbies / Other		
Gasoline			TOTAL		
Maintenance / Improvements			INSTALLMENT DEBT PAYMENTS		
Registration / Inspection / Excise tax			Student Loans		
Auto Insurance			Credit Cards		
TOTAL			Other		
GROCERIES			TOTAL		
Food / Beverages			PROFESSIONAL SERVICES		
Household Supplies			Financial Planner		
Other			Accountant		
			Attorney		
TOTAL			TOTAL		

	Monthly	Annual		Monthly	Annual
ENTERTAINMENT			GIFTS		
Dining Out			Holidays		
Sports Tickets			Birthdays		
Theater Tickets			Weddings		
Recreation / Hobbies			Other		
Movies / Videos			TOTAL		
Club Membership Fees			PETS		
Other			Food		
TOTAL			Veterinarian		
VACATIONS AND HOLIDAY			Pet Insurance / Other		
Travel Tickets			TOTAL		
Hotels					
Food			MISCELLANEOUS		
Entertainment			Support / Alimony		
Auto					
Other					
TOTAL					
CHARITABLE CONTRIBUTIONS					
Favorite Charity					
Cash Donations					
Other					
TOTAL			TOTAL		