



Income

Category	Monthly Budget	
	Current	Desired
Employment		
Investment		
Spousal Support		
Child Support		
Pension		
Social Security		
Other		
Total:		

Taxes

Category	Monthly Budget	
	Current	Desired
Federal Income		
State Income		
Local Income		
Your FICA		
Another's FICA		
Your Medicare		
Another's Medicare		
Other		
Total:		

Savings contributions

Category	Monthly Budget	
	Current	Desired
401(k)/403(b) You		
401(k)/403(b) Spouse		
Roth (IRA)/401(k)		
Traditional IRA		
Additional Retirement		
Education		
Savings Account		
Gifts		
Charitable Donations		
Other		
Total:		

Personal and Family Expenses

Category	Monthly Budget		
	Current	Desired	
Debt	Credit Card		
	Bank Charges		
	Student Loan		
	Personal Loan		
Healthcare (Paid by You)	Dental		
	Medical		
	Prescription(s)		
	Vision		
Clothing	Clothing - You		
	Clothing - Spouse		
	Clothing - Children		
	Laundry/Dry Cleaning		
Personal	Education		
	Personal Care		
	Self Improvement		
Food	Groceries		
	Lunches		
Entertainment	Hobbies		
	Books/Magazine		
	Recreation		
	Vacation/Travel		
	Entertainment		
	Club Dues		
	Association Fees		
	Dining		
For Others	Alimony		
	Child Activities		
	Child Allowance		
	Child Care		
	Child Support		
	Child Tutor		
	Care for Parent/Other		
Misc.	Pet Care		
	Public Transportation		
	Business Expense		
	Household Items		
Other			
Total:			



Home Expenses

	Category	Monthly Budget	
		Current	Desired
Home	Rent		
	First Mortgage		
	Second Mortgage		
	Equity Line		
	Real Estate Tax		
	Renter's Insurance		
	Homeowner's Insurance		
	Umbrella Liability		
Utilities	Electricity		
	Gas/Oil		
	Trash Pickup		
	Water/Sewer		
	Cable/Satellite TV		
	Internet		
	Cellphone (Personal)		
	Cellphone (For Another)		
Upkeep	Telephone (land line)		
	Lawn Care		
	Maintenance		
	Furniture		
	House Cleaning		
Other			
Total:			

Primary Vehicle Expenses

Description: _____

	Category	Monthly Budget	
		Current	Desired
Core	Loan Payment		
	Lease Payment		
	Insurance		
	Personal Property Tax		
Usage	Fuel		
	Repairs/Maintenance		
	Parking/Tolls		
	Docking/Storage		
	Other		
Total:			

Secondary Vehicle Expenses

Description: _____

	Category	Monthly Budget	
		Current	Desired
Core	Loan Payment		
	Lease Payment		
	Insurance		
	Personal Property Tax		
Usage	Fuel		
	Repairs/Maintenance		
	Parking/Tolls		
	Docking/Storage		
	Other		
Total:			



Personal Insurance Expenses

	Category	Monthly Budget	
		Current	Desired
Health	Health Insurance Premiums for You		
	Health Insurance Premiums for Another		
Life	Life for You		
	Life for Another		
Disabili	Disability for You		
	Disability for Another		
LTC	LTC for You		
	LTC for Another		
	Other		
	Total:		

TOTALS

Category	Monthly Budget	
	Current	Desired
Income		
Savings contributions		
Income Left for Expenses		
Personal and Family Expenses		
Home Expenses		
Primary Vehicle Expenses		
Secondary Vehicle Expenses		
Personal Insurance Expenses		
Taxes		
Total Expenses		
Cash Left for Goals		



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