



Client Expenses Worksheet

Name: _____
 Date: _____

MONTHLY SPENDING

1. Housing

Mortgage/Rent _____
 Insurance _____
 Taxes _____
 Electricity _____
 Gas _____
 Water _____
 Sanitation _____
 Cable _____
 Telephone _____
 Cell Phone _____
 Pest Control _____
 Lawn Care _____
 Housekeeper _____
 Other _____
 TOTAL..... \$ _____

2. Child Care..... \$ _____

3. Transportation

Payments _____
 Gas & Oil _____
 Auto Insurance _____
 Other _____
 TOTAL..... \$ _____

4. Food & Beverage

Groceries _____
 Lunches _____
 TOTAL..... \$ _____

5. Personal Care & Cash

Toiletry _____
 Beauty/Barber _____
 Laundry/Cleaners _____
 Cash/ATM _____
 Gifts _____
 Allowances _____
 Ck. AcctCharges _____
 Other _____
 TOTAL..... \$ _____

6. Medical

Doctor _____
 Dentist _____
 Drugs _____
 Medical Insurance _____
 Other _____
 TOTAL..... \$ _____

7. Education/Self-Improvement

Classes _____
 Private School _____
 Health Club _____
 Subscriptions _____
 Other _____
 TOTAL..... \$ _____

8. Debt Installment Payments..... \$ _____

9. Entertainment

Activities _____
 Eating Out _____
 Babysitter _____
 Pets _____
 Other _____
 TOTAL..... \$ _____

10. Tithe/Charitable Contributions..... \$ _____

11. Savings..... \$ _____

TOTAL MONTHLY EXPENSES..... \$ _____

ANNUAL EXPENSES

Household Maintenance _____
 Home Furnishings _____
 Car Maintenance & Repair _____
 Car Tags _____
 Clothing _____
 Trips _____
 Vacations _____
 Christmas Gifts _____
 Other _____

TOTAL ANNUAL EXPENSES..... \$ _____

Values provided by the client. The representative is not responsible for the accuracy of the provided figures or calculations based off the figures provided.

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