

| MONTHLY EXPENSE WORKSHEET                    | Current |       | Retirement |       |
|--|---------|-------|------------|-------|
|  | Needs   | Wants | Needs      | Wants |
| <b>Housing and Related Expenses</b>          |         |       |            |       |
| Rent / Mortgage                              |         |       |            |       |
| Condo / Association Fees                     |         |       |            |       |
| Heat / AC / Electric                         |         |       |            |       |
| Phone (home and cell)                        |         |       |            |       |
| Water / Sewer / Garbage                      |         |       |            |       |
| Property Taxes                               |         |       |            |       |
| Homeowners Insurance                         |         |       |            |       |
| Property Care (lawn, snow, etc.)             |         |       |            |       |
| Home Maintenance (repairs, etc.)             |         |       |            |       |
| Cable TV / Internet                          |         |       |            |       |
| Other:                                       |         |       |            |       |
| Housing Totals:                              |         |       |            |       |
| <b>Transportation Expenses</b>               |         |       |            |       |
| Car Payment / Lease                          |         |       |            |       |
| License / Registration / Maintenance         |         |       |            |       |
| Gasoline                                     |         |       |            |       |
| Auto Insurance                               |         |       |            |       |
| Parking / Bus / Train / Air / Taxi / Etc.    |         |       |            |       |
| Other:                                       |         |       |            |       |
| Transportation Totals:                       |         |       |            |       |
| <b>Personal Expenses</b>                     |         |       |            |       |
| Groceries / Dining Out / Takeout             |         |       |            |       |
| Personal Care (e.g. hairdresser)             |         |       |            |       |
| Clothing / Shoes                             |         |       |            |       |
| Exercise / Hobbies / Clubs                   |         |       |            |       |
| Vacation / Leisure / Entertainment           |         |       |            |       |
| Education (you / spouse / children)          |         |       |            |       |
| Debts (other than car / mortgage)            |         |       |            |       |
| Charitable Donations                         |         |       |            |       |
| Gifts to Children / Grandchildren            |         |       |            |       |
| Gifts to Others                              |         |       |            |       |
| Savings                                      |         |       |            |       |
| Federal Income Tax                           |         |       |            |       |
| State Income Tax                             |         |       |            |       |
| Other  |         |       |            |       |
| Personal Totals:                             |         |       |            |       |
| <b>Medical Expenses / Insurance Premiums</b> |         |       |            |       |
| Out-of-pocket Medical                        |         |       |            |       |
| Out-of-pocket Prescriptions                  |         |       |            |       |
| Out-of-pocket Eye Care / Glasses             |         |       |            |       |
| In-Home Care Services                        |         |       |            |       |
| Health Ins. Premiums (Medicaid/Medicare)     |         |       |            |       |
| Long-Term Care Insurance Premiums            |         |       |            |       |
| Life Insurance Premiums                      |         |       |            |       |
| Disability Income Insurance Premiums         |         |       |            |       |
| Other:                                       |         |       |            |       |
| Medical / Insurance Totals:                  |         |       |            |       |
| <b>Total Monthly Expenses:</b>               |         |       |            |       |