

KOBEL

FINANCIAL PLANNING

Living Expenses

Name _____ Date _____

	MONTHLY EXPENSE	ANNUAL EXPENSE
FOOD EXPENSE:		
Groceries		
Outside Meals		
CLOTHING EXPENSE:		
Husband & Wife		
Children		
HOUSING EXPENSE:		
Rent/Mortgage/Association Dues		
Phones		
Gas, Electric, Water, Garbage		
Domestic help, snow/lawn care		
Home Repair & Upkeep		
Furniture & Appliances		
Real Estate Taxes		
TRANSPORTATION EXPENSE:		
Gas, Oil, Repairs		
Car Payment		
INSURANCE PREMIUMS:		
Life		
Medical/Dental		
Disability		
Personal Liabilities		
Automobile		
Property & Casualty		
ENTERTAINMENT & RECREATION:		
Vacation & Travel		
Club Dues		
Cable TV/Internet		
Sports Events/Hobbies		
Entertainment		
Books, magazines, music, etc.		
Other		
MISCELLANEOUS:		
Spending Money/Personal Care		
Gifts		
Dependent Relatives/Child Care		
Private Education		
Uninsured Medical		
Debt Payments		
Charitable Donations		
Income Taxes		
Other		
TOTAL EXPENSES		

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