

**SCHEDULE OF PERSONAL EXPENSES**

Name: \_\_\_\_\_  
For the Calendar Year: \_\_\_\_\_

**HOUSING:**

Rent/Mortgage Payments	\$ _____	
Property Taxes	\$ _____	
Heating	\$ _____	
Electricity	\$ _____	
Insurance	\$ _____	
Maintenance and Improvements	\$ _____	
Furnishings and Appliances	\$ _____	
Telephone	\$ _____	
Water	\$ _____	
TV Rental or Cable	\$ _____	
Other	\$ _____	\$ _____

**FOOD:**

At Home	\$ _____	
Away	\$ _____	\$ _____

**TRANSPORTATION:**

Public Transportation	\$ _____	
Automobile		
- Car Payments/Rental	\$ _____	
- Gas and Oil	\$ _____	
- Insurance	\$ _____	
- License	\$ _____	
- Repairs and Maintenance	\$ _____	
- Tires	\$ _____	\$ _____

**CLOTHING:**

Purchases	\$ _____	
Laundry and Cleaning	\$ _____	\$ _____

**RECREATION, READING & EDUCATION:**

Travel and Vacation	\$ _____	
Club Memberships and Dues	\$ _____	
Miscellaneous Entertainment	\$ _____	
Babysitting (non-deductible)	\$ _____	
Education		
- Tuition fees <u>for children</u>	\$ _____	
- Books	\$ _____	
- Miscellaneous Reading Material	\$ _____	\$ _____

**SUBTOTAL:** \$ \_\_\_\_\_

**Schedule of Personal Expenses (continued)**

<b>SUBTOTAL (from previous page):</b>		<b>\$ _____</b>
<b>TOBACCO &amp; ALCOHOL:</b>		
Tobacco	\$ _____	
Alcohol	\$ _____	\$ _____
<b>HEALTH &amp; PERSONAL CARE:</b>		
Medicine & Medical Sales (not covered by insurance)	\$ _____	
Medical & Dental Insurance Premiums	\$ _____	
Dental Care (not covered by insurance)	\$ _____	
Grooming	\$ _____	\$ _____
<b>OTHER:</b>		
Charitable Donations	\$ _____	
Gifts to Friends & Family	\$ _____	
Insurance Premiums		
- Life	\$ _____	
- Disability	\$ _____	
- Liability	\$ _____	
- Other	\$ _____	\$ _____
<b>TOTAL PERSONAL EXPENSES:</b>		<b>\$ _____</b>

**Guidelines**

1. It is difficult to prepare this schedule without going through your bank statements for at least one and preferably two years.
2. If you are not making car payments, you should still budget for the eventual replacement of your vehicle(s).
3. Deductible babysitting expenditures should be treated as child care expenses, on the Annual Receipts and Tax Deductible Expenditures.
4. Tuition fees should include fees paid for dependents which are not tax deductible.

**SUMMARY OF RECEIPTS AND EXPENDITURES**

Name: \_\_\_\_\_

For the Calendar Year: \_\_\_\_\_

Net Income on a cash basis \$ \_\_\_\_\_

Less: Net Income Taxes payable \$ \_\_\_\_\_

Less: Total Personal Expenditures \$ \_\_\_\_\_

Uncommitted Cash Flow \$ \_\_\_\_\_

Note: Your committed cash flow already includes an element of savings from:

- Employer-related pension plan \$ \_\_\_\_\_

- Registered Retirement Savings Plan \$ \_\_\_\_\_

- Mortgage principal payments \$ \_\_\_\_\_

- Build-Up of Cash Surrender Value of  
existing life insurance policies \$ \_\_\_\_\_

**TOTAL:** \$ \_\_\_\_\_