

Expense/Budget Comparison Worksheet

Date Prepared: ____ / ____ / ____

	Client: _____		Spouse: _____	
HOME	Monthly	Annual	Monthly	Annual
Rent Mortgage				
HOA Fees				
Property Taxes				
Phone				
Cell Phone				
Internet				
Cable Satellite				
Security System				
Electricity				
Gas Oil Prop. Wood				
Water Sewer				
Trash Removal				
Lawn Care				
Snow Removal				
Repairs Maintenance				
Cleaning Services				
Other: _____				
Total Home Expenses:	\$ _____	\$ _____	\$ _____	\$ _____

FOOD AND ENTERTAINMENT	Client: _____		Spouse: _____	
	Monthly	Annual	Monthly	Annual
Groceries Snacks				
Fast Food				
Restaurant Meals				
Entertainment				
Movies Theatre				
Hobbies				
Vacation Travel				
Memberships Clubs				
Total Food and Entertainment Expenses:	\$ _____	\$ _____	\$ _____	\$ _____

MEDICAL	Client: _____		Spouse: _____	
	Monthly	Annual	Monthly	Annual
Physicians				
Dentist				
Orthodontist				
Chiropractor RMT				
Therapist Counselor				
Optometrist Vision Care				
Prescriptions				
Other: _____				
Total Medical Expenses:	\$ _____	\$ _____	\$ _____	\$ _____

	Client: _____		Spouse: _____	
INSURANCE	Monthly	Annual	Monthly	Annual
Life				
Health				
Dental				
Disability				
Long-Term Care				
Home				
Auto				
Other: _____				
Total Insurance Expenses:	\$ _____	\$ _____	\$ _____	\$ _____

	Client: _____		Spouse: _____	
TRANSPORTATION	Monthly	Annual	Monthly	Annual
Auto Payment				
Fuel				
Repairs Maintenance				
Parking				
Tolls				
License				
Taxis Public Transit				
Other: _____				
Total Transportation Expenses:	\$ _____	\$ _____	\$ _____	\$ _____

PERSONAL AND MISCELLANEOUS	Client: _____		Spouse: _____	
	Monthly	Annual	Monthly	Annual
Clothing				
Dry Cleaning				
Gifts Holiday				
Vitamins OTC Drugs				
Beauty Hair Care				
Pet Care				
Books Papers Mags.				
Home Office Supplies				
Postage Courier				
Business Expenses				
Education Expenses				
Donations				
Cash				
Service Fees (Bank, Investment, etc.)				
Other: _____				
Total Personal and Misc. Expenses:	\$ _____	\$ _____	\$ _____	\$ _____

	Client: _____		Spouse: _____	
OTHER PAYMENTS	Monthly	Annual	Monthly	Annual
Quarterly Taxes				
Credit Card Debt				
Loan Payments				
Professional Fees				
Elder-Care Support				
Spousal Support				
Child Support				
Other: _____				
Total Other Expenses:	\$ _____	\$ _____	\$ _____	\$ _____

	Client: _____		Spouse: _____	
CHILD-RELATED EXPENSES	Monthly	Annual	Monthly	Annual
Education Tuition				
School Supplies + Trips				
Child Care (work-related)				
Child Care (not for work)				
Sports Camps Lessons				
Hobbies Toys Games				
School Meals				
Other: _____				
Total Child-Related Expenses:	\$ _____	\$ _____	\$ _____	\$ _____

	Client: _____		Spouse: _____	
SUMMARY	Monthly	Annual	Monthly	Annual
Home				
Food and Entertainment				
Medical				
Insurance				
Transportation				
Personal and Misc.				
Other Payments				
Child-Related				
Total Expenses:	\$ _____	\$ _____	\$ _____	\$ _____