Monthly Spending Plan Worksheet

Please complete this worksheet before your next appointment. With this information, we can understand where you are now and help guide you to where you want to be in the future.

Monthly Gross Income				Total \$		
Sources						
Amount	\$	\$	\$	\$	\$	
Income Taxes Paid	\$	\$	\$	\$	\$	
CPP/EI Deductions	\$	\$	\$	\$	\$	

Ongoing Spending							
Systematic Investing	Туре						
	Payment	\$	\$	\$	\$		

	N = Necessary D = Discretionary		N D				N	D
Housing	Mortgage/Rent Payment	\$			Property Taxes (Real Estate/Vehicle)	\$		
	Home Repairs/Maintenance	\$			Homeowner Fees	\$		
	Homeowner's/Renter's Insurance	\$			Furnishings	\$		
Utilities	Water	\$			Gas	\$		
	Electric	\$			Sewer	\$		
	Trash	\$			Telephone	\$		
	Cell Phone	\$			Satellite/Cable TV	\$		
Other Necessities	Food/Groceries	\$			Medical/Dental/Vision	\$		
	Child Care	\$			Education	\$		
Insurance Premiums	Life	\$			Health	\$		
	Disability	\$			Long-term Care	\$		
	Auto	\$			Critical Illness	\$		
Transportation/Auto	Loans/Leases	\$			Gas	s		
	Tolls/Train/Bus/Subway	\$			Parking	s		
	Maintenance	\$			Inspections/Licences	\$		
Miscellaneous	Charitable Contributions	\$			Vacation/Travel	\$		
	Movies/Entertainment	¢			Alimony/Child Support	¢		
	Clothing	\$			Other Loan Payments	•		
	Gifts (Birthday/Holiday/ Special Occasion)	\$			Legal	\$		
	Lessons/Sports	\$			Subscriptions	\$		
	Dry Cleaners	\$			Housekeeping	\$		
	Dining Out	\$			Other	\$		
	-							

Loans

Payment \$ \$ \$

Monthly Gross Income - Monthly Expenses

Total \$



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