Expense Worksheet

	MONTHLY	ANNUAL	START/END DATE
HOUSING			
Utilities			
-Electricity/Gas			
-Water			
-Telephone			
-Cable/Satellite/DSL			
Maintenance			
-Security System			
-Maid Service			
-Lawn Service			
-Garbage Pickup			
Rent			
Community Dues			
Other			
Other			
Other			
Other			
Total			
INSTALLMENT DEBT			
Mortgage(s)			
Student Loan(s)			
Credit Card(s)			
Other			
Other			
Total			
CHILD CARE			
Daycare			
Sports Activities			
Other			
Total			
FOOD/BEVERAGES			
Groceries			
Wine/Beer/etc.			
Household Supplies			
Other			
Total			
TRANSPORTATION			
Loan/Lease			
Gas			
Maintenance			
Tags/Inspection			
Other			
Total			

	MONTHLY	ANNUAL	START/END DATE
ENTERTAINMENT			
Dining Out			
Sports Tickets			
Theater Tickets			
Hobbies			
Movies/Videos			
Clubs			
Other			
Other			
Total			
PERSONAL CARE			
Dry Cleaning			
Health Club			
Vitamins/Non-Prescribed Medication			
Other			
Other			
Total			
CLOTHING			
Husband			
Wife			
Children			
Total			
FURNISHINGS			
Indoor			
Outdoor			
Total			
EDUCATION			
Private School/College			
Classes			
Other			
Other			
Total			
VACATIONS AND HOLIDAYS			
Airfare			
Hotels			
Food			
Entertainment			
Auto			
Other			
Other			
Total			

	MONTHLY	ANNUAL	START/END DATE
GIFTS			
Holidays			
Birthdays			
Weddings			
Other			
Total			
PETS			
Food			
Veterinarian			
Other			
Total			
MISCELLANEOUS			
Other			
Other			
Other			
Total			
ALIMONY			
Total			
MEDICAL EXPENSES			
Co-Pay			
Deductible			
Prescribed Medication			
Dental			
Contacts/Eyeglasses			
Other			
Total			
REAL ESTATE AND PROPERTY TAXES			
Total			
GIFTS TO CHARITY			
House of Worship			
Other			
Other			
Other			
Total			
EMPLOYMENT/BUSINESS EXPENSES GENERAL			
Other			
Other			
Other			
Total			

	MONTHLY	ANNUAL	START/END DATE
UNREIMBURSED EMPLOYEE EXPENSES			
Total			

	MONTHLY	ANNUAL	START/END DATE
MISCELLANEOUS DEDUCTIBLE EXPENSES (Subject to 2% Limit)			
Total			

	MONTHLY	ANNUAL	START/END DATE
MISCELLANEOUS DEDUCTIBLE EXPENSES (Above the Line)			
Total			

	MONTHLY	ANNUAL	START/END DATE
MISCELLANEOUS DEDUCTIBLE EXPENSES (Itemized)			
Total			

	MONTHLY	ANNUAL	START/END DATE
LIFE INSURANCE			
Policy 1			
Policy 2			
Policy 3			
Policy 4			
Total			
DISABILITY INCOME INSURANCE			
Policy 1			
Policy 2			
Policy 3			
Policy 4			
Total			
LONG-TERM CARE INSURANCE			
Policy 1			
Policy 2			
Total			
GENERAL INSURANCE			
LIABILITY INSURANCE			
Policy 1			
Policy 2			
Policy 3			
Total			
HOMEOWNER'S INSURANCE			
Policy 1			
Policy 2			
Policy 3			
Total			
MEDICAL INSURANCE			
Policy 1			
Policy 2			
Policy 3			
Total			
AUTO INSURANCE			
Policy 1			
Policy 2			
Policy 3			
Total			
OTHER			
Policy 1			
Policy 2			
Policy 3			
Total			

ADDITIONAL NOTES_____

Baystate Financial Services

Since 1901