

Budget Worksheet

PRIVATE AND CONFIDENTIAL

Name: _____

Date: _____

Please email us the completed worksheet at lchan@vibrancewealth.com.

Thank you.



Budget Worksheet

Please input the monthly amount and it will automatically calculate the annual amount.

	NOW		AT RETIREMENT	
ESSENTIAL EXPENSES	<u>Monthly</u>	<u>Annual</u>	<u>Monthly</u>	<u>Annual</u>
HOUSING AND UTILITIES:				
Mortgage for Primary Residence	<hr/>	<hr/>	<hr/>	<hr/>
Property Tax for Primary Residence	<hr/>	<hr/>	<hr/>	<hr/>
Mortgage for Investment Property	<hr/>	<hr/>	<hr/>	<hr/>
Property Tax for Investment Property	<hr/>	<hr/>	<hr/>	<hr/>
Mortgage for Investment Property	<hr/>	<hr/>	<hr/>	<hr/>
Property Tax for Investment Property	<hr/>	<hr/>	<hr/>	<hr/>
HOA Dues	<hr/>	<hr/>	<hr/>	<hr/>
PG&E	<hr/>	<hr/>	<hr/>	<hr/>
Water	<hr/>	<hr/>	<hr/>	<hr/>
Garbage	<hr/>	<hr/>	<hr/>	<hr/>
General Maintenance	<hr/>	<hr/>	<hr/>	<hr/>
Security System	<hr/>	<hr/>	<hr/>	<hr/>
Gardener / Pest Control	<hr/>	<hr/>	<hr/>	<hr/>
Cable / Internet	<hr/>	<hr/>	<hr/>	<hr/>
Phone	<hr/>	<hr/>	<hr/>	<hr/>
Cell Phones	<hr/>	<hr/>	<hr/>	<hr/>
 INSURANCE PREMIUM:				
Health / Dental / Vision Insurance	<hr/>	<hr/>	<hr/>	<hr/>
Medicare / Supplement Insurance	<hr/>	<hr/>	<hr/>	<hr/>
Life Insurance - At Work	<hr/>	<hr/>	<hr/>	<hr/>
Life Insurance - Personal	<hr/>	<hr/>	<hr/>	<hr/>
Disability Insurance - At Work	<hr/>	<hr/>	<hr/>	<hr/>
Disability Insurance - Personal	<hr/>	<hr/>	<hr/>	<hr/>
Long-Term Care Insurance	<hr/>	<hr/>	<hr/>	<hr/>
Auto Insurance	<hr/>	<hr/>	<hr/>	<hr/>
Homeowners Insurance	<hr/>	<hr/>	<hr/>	<hr/>
Earthquake Insurance	<hr/>	<hr/>	<hr/>	<hr/>
Umbrella / Liability Insurance	<hr/>	<hr/>	<hr/>	<hr/>
 LOANS:				
Car Loans / Lease	<hr/>	<hr/>	<hr/>	<hr/>
Student Loans	<hr/>	<hr/>	<hr/>	<hr/>
Credit Card Debt	<hr/>	<hr/>	<hr/>	<hr/>
Home Equity Loans	<hr/>	<hr/>	<hr/>	<hr/>
Personal Loans	<hr/>	<hr/>	<hr/>	<hr/>

MEDICAL: (Non-reimbursed only)

Doctor	_____	_____	_____	_____
Dentist	_____	_____	_____	_____
Eyes	_____	_____	_____	_____
Prescriptions / Drugs	_____	_____	_____	_____
Other (Specific)	_____	_____	_____	_____

CHILDREN/EDUCATION:

Daycare / Babysitting / Nanny	_____	_____	_____	_____
Clothing	_____	_____	_____	_____
College / Private School Tuition	_____	_____	_____	_____
College / Private School Expenses	_____	_____	_____	_____
Camp / Activities / Sports / Toys	_____	_____	_____	_____

PROFESSIONAL FEES:

CPA	_____	_____	_____	_____
Attorney	_____	_____	_____	_____

GENERAL LIVING EXPENSES:

Food / Groceries	_____	_____	_____	_____
Lunches / Dinners	_____	_____	_____	_____
Entertaining	_____	_____	_____	_____
Clothing	_____	_____	_____	_____
Dry Cleaning / Alterations	_____	_____	_____	_____
Haircare	_____	_____	_____	_____
Toiletries, Cosmetics	_____	_____	_____	_____
Maid / Cleaning Services	_____	_____	_____	_____
Car Payments	_____	_____	_____	_____
Gas and Maintenance	_____	_____	_____	_____
Taxes, Registration, etc	_____	_____	_____	_____
Parking / Commuting	_____	_____	_____	_____
Magazine / Newspaper Subscriptions	_____	_____	_____	_____
Computers / Electronics Devices	_____	_____	_____	_____

LEISURE & HOBBIES:

Health Clubs / Sport	_____	_____	_____	_____
Activities Hobbies	_____	_____	_____	_____
Movies / Plays / Concerts	_____	_____	_____	_____
Pets: Food / Toys / Veterinary	_____	_____	_____	_____
Family Gifts	_____	_____	_____	_____

TAX CONSIDERATIONS

Federal Income Taxes				
State Income Taxes				
Charitable Gifts				
Other				

OTHERS:

DISCRETIONARY EXPENSES

HOUSEHOLD EXPENSES

Home Improvements				
Home Furnishings				

MEALS

Dining out				
Entertaining				

TRANSPORTATION

Vacation				
Vehicle Upgrades				

LEISURE & HOBBIES

Discretionary Spending				
Gifts and Holidays				

OTHERS:

TOTAL

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