

Worksheet "A"
Calculating Your Monthly Expenses

ITEM	Monthly Expenses <i>PreRetirement</i>	Monthly Expenses <i>in Retirement</i>
Home Mortgage/Rent	\$ _____	\$ _____
Property Taxes	\$ _____	\$ _____
Homeowner's/Renter's Insurance	\$ _____	\$ _____
Gas, Electricity, Fuel (Home)	\$ _____	\$ _____
Trash/Water/Sewer	\$ _____	\$ _____
Homeowner's Assn. Dues	\$ _____	\$ _____
Home Maintenance/Repair	\$ _____	\$ _____
Cell phone/TV/Internet	\$ _____	\$ _____
Auto Payments/Public Transp.	\$ _____	\$ _____
Gas, Oil, Tires	\$ _____	\$ _____
Auto Maintenance	\$ _____	\$ _____
Auto Insurance	\$ _____	\$ _____
License(s)	\$ _____	\$ _____
Groceries	\$ _____	\$ _____
Clothing	\$ _____	\$ _____
Laundry/Dry Cleaning/Gym	\$ _____	\$ _____
Church/ Charities	\$ _____	\$ _____
Vacation Fund	\$ _____	\$ _____
Holiday/Birthday/Anniversary Fund	\$ _____	\$ _____
Membership Dues	\$ _____	\$ _____
Subscriptions (Paper, Magazines)	\$ _____	\$ _____
Entertainment	\$ _____	\$ _____
Dining Out	\$ _____	\$ _____
Allowances	\$ _____	\$ _____

ITEM	Monthly Expenses <i>PreRetirement</i>	Monthly Expenses <i>in Retirement</i>
Sports/Hobbies	\$ _____	\$ _____
Pets: Cost, Food, License	\$ _____	\$ _____
Credit Card Payments	\$ _____	\$ _____
Other Loans/Notes Payments	\$ _____	\$ _____
Life Insurance Premiums	\$ _____	\$ _____
Personal Property, State, Fed Income Tax	\$ _____	\$ _____
Savings	\$ _____	\$ _____
Investments	\$ _____	\$ _____
Other _____	\$ _____	\$ _____
_____	\$ _____	\$ _____
Total NonMedical Expenses	\$ _____ (A1)	\$ _____ (A2)
<u>HEALTHCARE</u>		
Medical: Eyeglasses, hearing aids	\$ _____	\$ _____
Dental	\$ _____	\$ _____
Drugs/Medical Supplies	\$ _____	\$ _____
Health Insurance	\$ _____	\$ _____
Total Medical Expenses	\$ _____ (A3)	\$ _____ (A4)
	A1	A2
	+ A3	+ A4
TOTAL MONTHLY EXPENSES	\$ =====	\$ =====