

PROPOSED MONTHLY BUDGET

Date Prepared:

Client:

Spouse:

POST-DIVORCE

XXXX

XXXX

	Monthly Expenses	Annual Expenses	Monthly Expenses	Annual Expenses
Home Expenses				
Rent/Mortgage	\$ -	\$ -	\$ -	\$ -
Homeowners/Association Fee	\$ -	\$ -	\$ -	\$ -
Home Equity Loan	\$ -	\$ -	\$ -	\$ -
Property Taxes	\$ -	\$ -	\$ -	\$ -
Telephone	\$ -	\$ -	\$ -	\$ -
Cellphone/Pager	\$ -	\$ -	\$ -	\$ -
Internet	\$ -	\$ -	\$ -	\$ -
Security System	\$ -	\$ -	\$ -	\$ -
Cable/Satellite	\$ -	\$ -	\$ -	\$ -
Electricity	\$ -	\$ -	\$ -	\$ -
Gas/Fuel Oil/Propane/Wood	\$ -	\$ -	\$ -	\$ -
Water/Garbage/Sewer/Trash	\$ -	\$ -	\$ -	\$ -
Landscape Maintenance/lawn	\$ -	\$ -	\$ -	\$ -
Snow Removal	\$ -	\$ -	\$ -	\$ -
Exterminator	\$ -	\$ -	\$ -	\$ -
General Home Repairs/Maintenance	\$ -	\$ -	\$ -	\$ -
Home Improvements/Upgrades	\$ -	\$ -	\$ -	\$ -
Housecleaning	\$ -	\$ -	\$ -	\$ -
Miscellaneous Household/pool	\$ -	\$ -	\$ -	\$ -
Total Home Expenses	\$ -	\$ -	\$ -	\$ -
Food				
Groceries	\$ -	\$ -	\$ -	\$ -
Dining Out	\$ -	\$ -	\$ -	\$ -
Total Food Expenses	\$ -	\$ -	\$ -	\$ -
Clothing Expenses				
Clothing	\$ -	\$ -	\$ -	\$ -
Laundry/Dry Cleaning	\$ -	\$ -	\$ -	\$ -
Total Clothing Expenses	\$ -	\$ -	\$ -	\$ -
Entertainment/Recreation				
Entertainment (Excludes Dining Out)	\$ -	\$ -	\$ -	\$ -
Videos/CDs/DVDs	\$ -	\$ -	\$ -	\$ -
Hobbies	\$ -	\$ -	\$ -	\$ -
Movies and Theater	\$ -	\$ -	\$ -	\$ -
Vacations/Travel	\$ -	\$ -	\$ -	\$ -
Classes/Lessons	\$ -	\$ -	\$ -	\$ -
Total Entertainment/Recreation Expenses	\$ -	\$ -	\$ -	\$ -
Medical (After Insurance-Excludes Children)				
Physicians	\$ -	\$ -	\$ -	\$ -
Dental/Orthodontist	\$ -	\$ -	\$ -	\$ -
Optometry/Glasses/Contacts	\$ -	\$ -	\$ -	\$ -
Prescriptions	\$ -	\$ -	\$ -	\$ -
Therapy	\$ -	\$ -	\$ -	\$ -
Total Medical Expenses	\$ -	\$ -	\$ -	\$ -
Insurance				
Life Insurance	\$ -	\$ -	\$ -	\$ -
Health (PostDivorce)	\$ -	\$ -	\$ -	\$ -
Dental	\$ -	\$ -	\$ -	\$ -
Disability	\$ -	\$ -	\$ -	\$ -
Long Term Care	\$ -	\$ -	\$ -	\$ -
Home Insurance	\$ -	\$ -	\$ -	\$ -
Auto Insurance	\$ -	\$ -	\$ -	\$ -
Other Insurance (Boat, Umbrella,...)	\$ -	\$ -	\$ -	\$ -
Total Insurance Expenses	\$ -	\$ -	\$ -	\$ -

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	Monthly Expenses	Annual Expenses	Monthly Expenses	Annual Expenses
Miscellaneous				
Postage	\$ -	\$ -	\$ -	\$ -
Gifts/Holiday Expenses	\$ -	\$ -	\$ -	\$ -
Vitamins/Non-Prescription Drugs	\$ -	\$ -	\$ -	\$ -
Toiletries	\$ -	\$ -	\$ -	\$ -
BeautySalon/Hair/Nails	\$ -	\$ -	\$ -	\$ -
Pet Food/Care /Vet/Grooming	\$ -	\$ -	\$ -	\$ -
Books/Newspapers/Magazines	\$ -	\$ -	\$ -	\$ -
Donations	\$ -	\$ -	\$ -	\$ -
Memberships/Clubs	\$ -	\$ -	\$ -	\$ -
Education Self- Books/Tuition	\$ -	\$ -	\$ -	\$ -
Miscellaneous	\$ -	\$ -	\$ -	\$ -
Credit Card	\$ -	\$ -	\$ -	\$ -
Total Misc. Expenses	\$ -	\$ -	\$ -	\$ -
Transportation				
Auto Payment	\$ -	\$ -	\$ -	\$ -
Parking	\$ -	\$ -	\$ -	\$ -
Fuel	\$ -	\$ -	\$ -	\$ -
Repair/Maintenance	\$ -	\$ -	\$ -	\$ -
License	\$ -	\$ -	\$ -	\$ -
Public Transportation	\$ -	\$ -	\$ -	\$ -
Total Transportation Expenses	\$ -	\$ -	\$ -	\$ -
Other Payments				
Quarterly Taxes & Additional Tax Payments	\$ -	\$ -	\$ -	\$ -
Spousal Support Payments	\$ -	\$ -	\$ -	\$ -
Child Support Payments	\$ -	\$ -	\$ -	\$ -
Eldercare Expenses	\$ -	\$ -	\$ -	\$ -
Professional Fees (Financial Planning, Acc't, Legal)	\$ -	\$ -	\$ -	\$ -
Service Fees (Banks, Investment Accts, ...)	\$ -	\$ -	\$ -	\$ -
Total Other Payments Expenses	\$ -	\$ -	\$ -	\$ -
Total Monthly Expenses (Excl. Children)	\$ -	\$ -	\$ -	\$ -
Child Related Expenses				
Education/Tuition	\$ -	\$ -	\$ -	\$ -
Babysitting	\$ -	\$ -	\$ -	\$ -
Daycare	\$ -	\$ -	\$ -	\$ -
Pets and grooming	\$ -	\$ -	\$ -	\$ -
School Lunches	\$ -	\$ -	\$ -	\$ -
Counselor	\$ -	\$ -	\$ -	\$ -
Sports/Camps/Lessons	\$ -	\$ -	\$ -	\$ -
Hobbies/Field Trips/School Activity	\$ -	\$ -	\$ -	\$ -
Music Lessons	\$ -	\$ -	\$ -	\$ -
Vacation	\$ -	\$ -	\$ -	\$ -
Toys/Games	\$ -	\$ -	\$ -	\$ -
Clothing	\$ -	\$ -	\$ -	\$ -
Medical Insurance	\$ -	\$ -	\$ -	\$ -
Dental Insurance	\$ -	\$ -	\$ -	\$ -
Medical (Not Covered by Ins.)	\$ -	\$ -	\$ -	\$ -
Dental/Orthodontics (Not Covered by Ins.)	\$ -	\$ -	\$ -	\$ -
Optometry/Glasses/Contacts (Not Covered by Ins.)	\$ -	\$ -	\$ -	\$ -
Prescriptions (Not Covered by Insurance)	\$ -	\$ -	\$ -	\$ -
Allowances	\$ -	\$ -	\$ -	\$ -
Miscellaneous/Haircuts	\$ -	\$ -	\$ -	\$ -

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	Monthly Expenses	Annual Expenses	Monthly Expenses	Annual Expenses
Total Child Related Expenses	\$ -	\$ -	\$ -	\$ -
Total Monthly Expenses	\$ -	\$ -	\$ -	\$ -

SUMMARY: Calculates from above:

Total Home Expenses	\$ -	\$ -	\$ -	\$ -
Total Food Expenses	\$ -	\$ -	\$ -	\$ -
Total Clothing Expenses	\$ -	\$ -	\$ -	\$ -
Total Entertainment/Recreation Expenses	\$ -	\$ -	\$ -	\$ -
Total Medical Expenses	\$ -	\$ -	\$ -	\$ -
Total Insurance Expenses	\$ -	\$ -	\$ -	\$ -
Total Misc. Expenses	\$ -	\$ -	\$ -	\$ -
Total Other Payments Expenses	\$ -	\$ -	\$ -	\$ -
Total Monthly Expenses (Excl. Children)	\$ -	\$ -	\$ -	\$ -
Total Child Related Expenses	\$ -	\$ -	\$ -	\$ -
Total Monthly Expenses	\$ -	\$ -	\$ -	\$ -

CLIENT PLEASE IGNORE BELOW THIS LINE

(Adjustments for transfer to main sheet)

ADJ	\$ -	\$ -	\$ -	\$ -
ADJ	\$ -	\$ -	\$ -	\$ -
PLAN01 TOTAL EXPENSES USED	\$ -	\$ -	\$ -	\$ -
ADJ	\$ -	\$ -	\$ -	\$ (10,000)
PLAN02 TOTAL EXPENSES USED	\$ -	\$ -	\$ -	\$ (10,000)