



Retirement Budget Worksheet

Enter your monthly expenses in the fields below and your total estimated expenses will be calculated.

ESSENTIAL EXPENSES

Housing

Outstanding Mortgage	<input type="text"/>	
	Monthly	Annual
Mortgage/Rent	<input type="text"/>	<input type="text"/>
Repairs/Maintenance	<input type="text"/>	<input type="text"/>
Homeowners Insurance	<input type="text"/>	<input type="text"/>
Property Taxes	<input type="text"/>	<input type="text"/>
Other	<input type="text"/>	<input type="text"/>

Necessities

Food	<input type="text"/>	<input type="text"/>
Utilities	<input type="text"/>	<input type="text"/>
Clothing	<input type="text"/>	<input type="text"/>
Other	<input type="text"/>	<input type="text"/>

Health Care and Insurance

Health Insurance	<input type="text"/>	<input type="text"/>
Dental Insurance	<input type="text"/>	<input type="text"/>
Medicare Premiums	<input type="text"/>	<input type="text"/>
Out-of-pocket Expenses	<input type="text"/>	<input type="text"/>
Long Term Care Insurance	<input type="text"/>	<input type="text"/>
Life Insurance	<input type="text"/>	<input type="text"/>
Other	<input type="text"/>	<input type="text"/>

Transportation

Total Auto Loans	<input type="text"/>	
	Monthly	Annual
Auto Payment(s)	<input type="text"/>	<input type="text"/>
Auto Insurance(s)	<input type="text"/>	<input type="text"/>
Fuel	<input type="text"/>	<input type="text"/>
Maintenance	<input type="text"/>	<input type="text"/>
Other	<input type="text"/>	<input type="text"/>

Family Care

Parental Care	<input type="text"/>	<input type="text"/>
Education	<input type="text"/>	<input type="text"/>
Other	<input type="text"/>	<input type="text"/>

Taxes

State & Federal Income	<input type="text"/>	<input type="text"/>
Other Taxes	<input type="text"/>	<input type="text"/>

Miscellaneous

<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

DISCRETIONARY EXPENSES

Leisure and Entertainment

Dining Out	<input type="text"/>	<input type="text"/>
Vacations/Travel	<input type="text"/>	<input type="text"/>
Club Memberships	<input type="text"/>	<input type="text"/>
Hobbies	<input type="text"/>	<input type="text"/>
Educational Classes	<input type="text"/>	<input type="text"/>
Other	<input type="text"/>	<input type="text"/>

Credit Card Debt

Charitable Contributions

Automatic Transfers

Miscellaneous

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

TOTAL EXPENSES

	Monthly	Annual		
Essential Expenses	<input type="text"/>	<input type="text"/>	<i>% of Total Expenses</i>	<input type="text"/>
Discretionary Expenses	<input type="text"/>	<input type="text"/>	<i>% of Total Expenses</i>	<input type="text"/>
TOTAL EXPENSES	<input type="text"/>	<input type="text"/>		