![C:\Users\Rick\Desktop\LOGO 1[1].png]()

**Monthly Expense Data Gathering**

*Personal and Confidential*

Client: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Financial Advisor: Rick Fingerman, CFP®

Liaison Dana-Farber Pro Bono Financial Coaching Date:

**Personal and Family Expenses**

|  |  |
| --- | --- |
| **Category** | **Monthly Expense Amount** |
| **Current** | **Alternate** |
| Alimony |  |  |
| Bank Charges |  |  |
| Books/Magazine |  |  |
| Business Expense |  |  |
| Care for Parent/Other |  |  |
| Cash - Miscellaneous |  |  |
| Cell Phone |  |  |
| Charitable Donations |  |  |
| Child Activities |  |  |
| Child Allowance/Expense |  |  |
| Child Care |  |  |
| Child Support |  |  |
| Savings |  |  |
| Clothing - |  |  |
| Clothing -  |  |  |
| Clothing -  |  |  |
| Club Dues |  |  |
| Credit Card Debt Payment |  |  |
| Dining |  |  |
| Education |  |  |
| Entertainment |  |  |
| Gifts |  |  |
| Groceries |  |  |
| Healthcare - Dental |  |  |
| Healthcare - Medical |  |  |
| Healthcare - Prescription |  |  |
| Healthcare - Vision |  |  |
| Hobbies |  |  |
| Household Items |  |  |
| Laundry/Dry Cleaning |  |  |
| Personal Care |  |  |
| Personal Loan Payment |  |  |
| Pet Care |  |  |
| Public Transportation |  |  |
| Recreation |  |  |
| Self Improvement |  |  |
| Student Loan Payment |  |  |
| Vacation/Travel |  |  |
| Other |  |  |

**Personal Insurance Expenses**

|  |  |
| --- | --- |
| **Category** | **Monthly Expense Amount** |
| **Current** | **Alternate**  |
| Disability for Client |  |  |
| Disability for Co-Client |  |  |
| Life for Client |  |  |
| Life for Co-Client |  |  |
| LTC for Client |  |  |
| LTC for Co-Client |  |  |
| Medical for Client |  |  |
| Medical for Co-Client |  |  |
| Umbrella Liability |  |  |
| Other |  |  |

**Taxes**

|  |  |
| --- | --- |
| **Category** | **Monthly Expense Amount** |
| **Current** | **Alternate** |
| Client FICA | **You** |  |
| Client Medicare | **Can** |  |
| Co-Client FICA | **Leave** |  |
| Co-Client Medicare | **This** |  |
| Federal Income | **Section** |  |
| State Income | **Blank** |  |
| Local Income | **If** |  |
| Other | **Desired** |  |

**Net Income**

|  |  |
| --- | --- |
| **Category** | **Monthly Income Amount** |
| **Current** | **Alternate** |
| Employment |  |  |
| Employment |  |  |
| Alimony Received |  |  |
| Child Support |  |  |
| Other Income |  |  |

**Home Expenses**

**Description:**

|  |  |
| --- | --- |
| **Category** | **Monthly Expense Amount** |
| **Current** | **Alternate**  |
| First Mortgage |  |  |
| Second Mortgage |  |  |
| Equity Line |  |  |
| Real Estate Tax |  |  |
| Rent |  |  |
| Homeowner’s Insurance |  |  |
| Association/Condo Fees |  |  |
| Electricity |  |  |
| Gas/Oil |  |  |
| Trash Pickup |  |  |
| Water/Sewer |  |  |
| Cable/Satellite TV |  |  |
| Internet |  |  |
| Telephone (land line) |  |  |
| Lawn Care |  |  |
| Maintenance - Major Repair |  |  |
| Maintenance - Regular |  |  |
| Furniture |  |  |
| Household Help |  |  |
| Other |  |  |

**Vehicle #1 Expenses**

**Description:**

|  |  |
| --- | --- |
| **Category** | **Monthly Expense Amount** |
| **Current** | **Alternate**  |
| Loan Payment |  |  |
| Lease Payment |  |  |
| Insurance |  |  |
| Personal Property Tax |  |  |
| Fuel |  |  |
| Repairs/Maintenance |  |  |
| Parking/Tolls |  |  |
| Docking/Storage |  |  |
| Other |  |  |

**Vehicle #2 Expenses**

**Description:**

|  |  |
| --- | --- |
| **Category** | **Monthly Expense Amount** |
| **Current** | **Alternate** |
| Loan Payment |  |  |
| Lease Payment |  |  |
| Insurance |  |  |
| Personal Property Tax |  |  |
| Fuel |  |  |
| Repairs/Maintenance |  |  |
| Parking/Tolls |  |  |
| Docking/Storage |  |  |
| Other |  |  |

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