

Income

What do you estimate your highest tax bracket to be? Fed. _____% State _____%	What do you foresee as the general long-term rate of inflation? _____%
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Current Income Sources (Documents)

Description (Salary, Rental Income, etc)	Source	Amount	Expected Inflation
1. Salary	<input type="checkbox"/> Client <input type="checkbox"/> Client #2	\$ 325,000	4%
2. Bonus	<input type="checkbox"/> Client <input type="checkbox"/> Client #2	\$ 143,000	4%
3.	<input type="checkbox"/> Client <input type="checkbox"/> Client #2	\$	%
4. Rental Income (Please indicate taxable/non-taxable portion)	Taxable \$ _____	Non-Taxable \$ _____	%

Future Income Sources (Documents)

Description (Pension, Social Security etc)	Source	Begin/End Date	Amount	Expected Inflation
1. GE Pension & Qual Plans	<input type="checkbox"/> Client <input type="checkbox"/> Client #2		\$	%
2. Social Security	<input type="checkbox"/> Client <input type="checkbox"/> Client #2		\$	%
3. Investment Income	<input type="checkbox"/> Client <input type="checkbox"/> Client #2		\$	%

Expenses

Housing

Monthly Annually

Rent/Mortgage		
Homeowner's Insurance		
Property Taxes		
Maintenance/Repairs		
Cleaning/Yard		
Utilities		
Electric/Gas		
Cable TV		
Telephone		
Water/Sewer		
Garbage Collection		

Discretionary Expenses

Monthly Annually

Charity		
Personal Care		
Club Dues		
Dining Out/Entertainment		
Gifts		
Pets		
Recreation		
Subscriptions		
Vacation		
Other		

Transportation

Monthly Annually

Car Payments/Lease		
Fuel		
Car Insurance		
Taxes/Registration/License		
Repairs/Maintenance		

Taxes

Monthly Annually

Client Federal Taxes		
Client #2 Federal Taxes		
Client State Income Taxes		
Client #2 State Income Taxes		
Client Local Taxes		
Client #2 Local Taxes		

Living Expenses

Monthly Annually

Groceries		
Childcare		
Child Support/Alimony		
Clothing		
Education		
Medical/Dental		
Other		

Savings

Monthly Annually

Client Retirement Plan Savings		
Client #2 Retirement Plan Savings		
Other		
Other		

Debt

Monthly Annually

Home Equity Loan		
Credit Card Payments		
Student Loan		

Insurance

Monthly Annually

Client Life Insurance		
Client #2 Life Insurance		
Client Disability Insurance		
Client #2 Disability Insurance		
Health Insurance		
Long Term Care Insurance		

What are your estimated **Net Annual Living Expenses**?

\$ _____

What is your estimated **Net Discretionary Income**?

\$ _____