

## Income

### Current Income Sources (Documents)

Description (Salary, Rental Income, etc)	Source	Amount	Expected Inflation
1.	<input type="checkbox"/> Client <input type="checkbox"/> Client #2	\$	%
2.	<input type="checkbox"/> Client <input type="checkbox"/> Client #2	\$	%
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.	<input type="checkbox"/> Client <input type="checkbox"/> Client #2		\$	%
2.	<input type="checkbox"/> Client <input type="checkbox"/> Client #2		\$	%
3.	<input type="checkbox"/> Client <input type="checkbox"/> Client #2		\$	%

## Expenses

Cleaning/Yard		
Utilities		
Electric/Gas		
Cable TV		
Telephone		
Water/Sewer		
Garbage Collection		

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		
Prof Svcs--Atty, CPA, Fin Adv		

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

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