

INCOME EXPENSE DATA SHEET

NAME: _____

DATE: _____

INCOME	MONTH	YEAR
Salary (1st person)		
Salary (2nd person)		
Bonuses		
Self-employ Income (Net)		
Interest		
Proceeds from Sec. Sales		
Trust Income		
Social Security		
Pension		
Alimony		
Child Support		
Rental Income (Net)		
Disability Payment		
Other Income		
Total Income		

HOUSING	MONTH	YEAR
Mortgage/Rent		
Mortgage #2/H.E. Loan Pymt.		
Real Estate Taxes		
Insurance		
Condo/Timeshare Fee		
Gas/Oil		
Electric		
Sewer/Water		
Home Phone		
Cell Phone		
Internet		
Cable/Satellite/TIVO		
Garbage Pick-up		
Water Softener/Purifier		
House Cleaning		
Home Repairs		
Improvements		
Landscaping/Snow Removal		
Security System		
Tools/Equipment		
Other		
Total Housing		

CHILD/DEP. CARE	MONTH	YEAR
Daycare Fees/Sitting		
Baby Care (diapers, food)		
School Supplies		
Tuition		
Organized Sports (sign-up fees, uniforms, shoes, etc.)		
Extra-curr. Act./Camp		
Child/Dependent Support		
Other:		
Total Dependent Care		

TRANSPORTATION	MONTH	YEAR
Loan/Lease on Automobiles		
Auto Club Dues		
Auto Insurance		
Motorcycle Payment		
Motorcycle Insurance		
Gas		
Maintenance (oil, tires, brakes)		
Tolls & Parking		
Train Pass/Subway/Bus/Taxi		
Licenses		
Car Washes/Detailing		
Total Transportation		

FOOD & BEVERAGE (Not dining out)	MONTH	YEAR
Grocery		
School/Work Lunches		
Total Food & Beverage		

CLOTHING & SHOES	MONTH	YEAR
Purchases (whole family)		
Dry Cleaning/Tailoring		
Work Boots/Shoes		
Total Clothing		

FURNITURE	MONTH	YEAR
Furniture		
Interior Decorating		
Exterior Decorating		
Linens		
Kitchen (appliances, utensils, etc)		
Total Furnishings		

PERSONAL CARE & CASH	MONTH	YEAR
Hair Care		
Cosmetics/Manicures		
Massages		
Glasses/Contact Lens & Supplies		
Pocket Cash/Miscellaneous		
Total Personal Care & Cash		

PROFESSIONAL EXPENSES	MONTH	YEAR
Accounting		
Legal		
Financial		
Other		
Total Professional Expenses		

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MEDICAL/DENTAL/RX	MONTH	YEAR
Health/Dental Insurance		
Deductible		
Co-payments		
Non-covered expenses		
Prescriptions		
Chiropractic		
Dental/Orthodontic		
Life Insurance		
Liability Insurance		
Disability Insurance		
Long-term Care Insurance		
Other		
Total Medical		

SELF IMPROVEMENT	MONTH	YEAR
Self-improvement classes		
Music lessons, classes		
Health Club		
Total Educ. & Self-imp.		

DEBT/INSTALLMENT PAYMENTS	MONTH	YEAR
Charge Cards		
Student Loans		
Real Estate/Land		
Boat Loan Payment		
Total Personal Debt		

ENTERTAINMENT	MONTH	YEAR
Computer (software, etc.)		
Dining Out		
Show Tickets/Movies		
Video Rental		
Golfing Fees		
Country Club/Yacht Club Dues		
Boat Expenses		
Boat Insurance		
Liquor/Wine		
Hunting/Fishing Licenses		
Clubs/Music		
Gambling/Lottery Tickets		
Other		
Total Entertainment		

Key:

Non Discretionary Expenses:	
Somewhat Discretionary Expenses:	
Discretionary Expenses:	

VACATION/GIFTS/CONTRIBUTIONS	MONTH	YEAR
Vacations		
Birthday Gifts		
Holiday Presents		
Anniversary Presents		
Wedding Presents		
Spontaneous Gifts		
Charitable Contributions		
Total Vacation/Gifts/Contributions		

MISCELLANEOUS	MONTH	YEAR
Alimony		
Magazines/Newspapers		
Cigarettes/Tobacco		
Membership Dues/Fees		
Union Dues		
Pet Care		
RV/Camper/Trailer Expenses		
Hobbies/Collectibles:		
Art, Coins/Stamps, Jewelry, Etc.		
Other:		
Other Not Otherwise Classified		
Total Miscellaneous		

	MONTH
Total Monthly Income	
Total Monthly Expenses	
Difference-Monthly Income to Exp.	

	YEAR
Total Yearly Income	
Total Yearly Expenses	
Difference-Yearly Income to Exp.	

LARGE ONE TIME EXPENDITURES IN PAST YEAR		
Item	When	Amount



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