

# My expenses

Client name \_\_\_\_\_ Age \_\_\_\_\_ Today's date \_\_\_\_\_

Co-client name \_\_\_\_\_ Age \_\_\_\_\_

## Your essential expenses: recurring expenses that support your basic needs

### Household

Description	Monthly estimate
Mortgage(s) information breakdown:	
Property/real estate taxes	\$ _____
Homeowner's insurance	\$ _____
Principal and interest payment	\$ _____
Rent	\$ _____
Association fees (e.g., townhome, condo)	\$ _____
Home maintenance, repairs and improvements	\$ _____
Utilities (e.g., electric, gas, water, home security)	\$ _____
Phone(s)	\$ _____
Food/groceries	\$ _____
Clothing	\$ _____
Household supplies (e.g., Target, Costco)	\$ _____
<b>Household monthly subtotal:</b>	\$ _____
<b>Annual subtotal:</b>	\$ _____

### Transportation

Description	Monthly estimate
Auto payments/lease(s)	\$ _____
Auto insurance premiums	\$ _____
Auto maintenance (e.g., oil changes, repairs)	\$ _____
Fuel/parking/tolls/bus/taxi	\$ _____
<b>Transportation monthly subtotal:</b>	\$ _____
<b>Annual subtotal:</b>	\$ _____

### Healthcare/protection

Description	Monthly estimate
Life insurance premiums	\$ _____
Disability insurance	\$ _____
Long-term care insurance premiums	\$ _____
Medical (e.g., Medicare, group, private) and dental premiums	\$ _____
Medical and dental expenses/copays	\$ _____
Prescriptions/over-the-counter medicines	\$ _____
Other out-of-pocket items (e.g., if retired, expenses not covered by Medicare such as routine eye/foot care and hearing aids)	\$ _____
<b>Healthcare/protection monthly subtotal:</b>	\$ _____
<b>Annual subtotal:</b>	\$ _____

### Other essentials (e.g., personal care, education, child care/support, alimony)

Description	Monthly estimate
	\$ _____
	\$ _____
	\$ _____
	\$ _____
	\$ _____
<b>Other essentials monthly subtotal:</b>	\$ _____
<b>Annual subtotal:</b>	\$ _____

## Your lifestyle expenses: expenses that enhance your life

### Hobbies

Description	Monthly estimate
Hobbies/recreation	\$ <input type="text"/>
Grand/child activities and allowances	\$ <input type="text"/>
Subscriptions (e.g., magazines, newspapers)	\$ <input type="text"/>
<b>Hobbies monthly subtotal:</b>	\$ <input type="text"/>
<b>Annual subtotal:</b>	\$ <input type="text"/>

### Travel

Description	Monthly estimate
Air, hotel, dining, rental car	\$ <input type="text"/>
Pet boarding	\$ <input type="text"/>
<b>Travel monthly subtotal:</b>	\$ <input type="text"/>
<b>Annual subtotal:</b>	\$ <input type="text"/>

### Entertainment

Description	Monthly estimate
Internet/cable/satellite TV	\$ <input type="text"/>
Tickets (e.g., music, movies, events)	\$ <input type="text"/>
Membership dues (e.g., health clubs, golf)	\$ <input type="text"/>
Dining/take out	\$ <input type="text"/>
<b>Entertainment monthly subtotal:</b>	\$ <input type="text"/>
<b>Annual subtotal:</b>	\$ <input type="text"/>

### Giving

Description	Monthly estimate
Gifts/cash for family and others	\$ <input type="text"/>
Gifts to charity	\$ <input type="text"/>
<b>Giving monthly subtotal:</b>	\$ <input type="text"/>
<b>Annual subtotal:</b>	\$ <input type="text"/>

**Other lifestyle** (e.g., professional services, pet expenses, salon/spa services, dry cleaning, housekeeping, lawn/snow services)

Description	Monthly estimate
	\$ <input type="text"/>
	\$ <input type="text"/>
	\$ <input type="text"/>
	\$ <input type="text"/>
<b>Other lifestyle monthly subtotal:</b>	\$ <input type="text"/>
<b>Annual subtotal:</b>	\$ <input type="text"/>

### TOTAL ESSENTIAL EXPENSES

Monthly total: \$

Annual total: \$

### TOTAL LIFESTYLE EXPENSES

Monthly total: \$

Annual total: \$

### TOTAL ESSENTIAL AND LIFESTYLE EXPENSES

Monthly total: \$

Annual total: \$

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