

# 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	\$ <input style="width: 100%;" type="text"/>
Homeowner's insurance	\$ <input style="width: 100%;" type="text"/>
Principal and interest payment	\$ <input style="width: 100%;" type="text"/>
Rent	\$ <input style="width: 100%;" type="text"/>
Association fees (e.g., townhome, condo)	\$ <input style="width: 100%;" type="text"/>
Home maintenance, repairs and improvements	\$ <input style="width: 100%;" type="text"/>
Utilities (e.g., electric, gas, water, home security)	\$ <input style="width: 100%;" type="text"/>
Phone(s)	\$ <input style="width: 100%;" type="text"/>
Food/groceries	\$ <input style="width: 100%;" type="text"/>
Clothing	\$ <input style="width: 100%;" type="text"/>
Household supplies (e.g., Target, Costco)	\$ <input style="width: 100%;" type="text"/>
<b>Household monthly subtotal:</b>	<b>\$</b> <input style="width: 100%;" type="text"/>
<b>Annual subtotal:</b>	<b>\$</b> <input style="width: 100%;" type="text"/>

### Healthcare/protection

Description	Monthly estimate
Life insurance premiums	\$ <input style="width: 100%;" type="text"/>
Disability insurance	\$ <input style="width: 100%;" type="text"/>
Long-term care insurance premiums	\$ <input style="width: 100%;" type="text"/>
Medical (e.g., Medicare, group, private) and dental premiums	\$ <input style="width: 100%;" type="text"/>
Medical and dental expenses/copays	\$ <input style="width: 100%;" type="text"/>
Prescriptions/over-the-counter medicines	\$ <input style="width: 100%;" type="text"/>
Other out-of-pocket items (e.g., if retired, expenses not covered by Medicare such as routine eye/foot care and hearing aids)	\$ <input style="width: 100%;" type="text"/>
<b>Healthcare/protection monthly subtotal:</b>	<b>\$</b> <input style="width: 100%;" type="text"/>
<b>Annual subtotal:</b>	<b>\$</b> <input style="width: 100%;" type="text"/>

### Transportation

Description	Monthly estimate
Auto payments/lease(s)	\$ <input style="width: 100%;" type="text"/>
Auto insurance premiums	\$ <input style="width: 100%;" type="text"/>
Auto maintenance (e.g., oil changes, repairs)	\$ <input style="width: 100%;" type="text"/>
Fuel/parking/tolls/bus/taxi	\$ <input style="width: 100%;" type="text"/>
<b>Transportation monthly subtotal:</b>	<b>\$</b> <input style="width: 100%;" type="text"/>
<b>Annual subtotal:</b>	<b>\$</b> <input style="width: 100%;" type="text"/>

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

Description	Monthly estimate
	\$ <input style="width: 100%;" type="text"/>
	\$ <input style="width: 100%;" type="text"/>
	\$ <input style="width: 100%;" type="text"/>
	\$ <input style="width: 100%;" type="text"/>
	\$ <input style="width: 100%;" type="text"/>
<b>Other essentials monthly subtotal:</b>	<b>\$</b> <input style="width: 100%;" type="text"/>
<b>Annual subtotal:</b>	<b>\$</b> <input style="width: 100%;" type="text"/>

## 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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