

Name \_\_\_\_\_

Date Completed \_\_\_\_\_

**CONFIDENTIAL INCOME AND EXPENSE WORKSHEET**

Please provide average annual amounts for the following:

**GROSS INCOME**

Salary & Bonus – Client 1 \$ \_\_\_\_\_  
 Salary & Bonus – Client 2 \$ \_\_\_\_\_  
 Self Employment Income – Client 1 \$ \_\_\_\_\_  
 Self Employment Income – Client 2 \$ \_\_\_\_\_  
 Child Support \$ \_\_\_\_\_  
 Alimony \$ \_\_\_\_\_  
 Pensions \$ \_\_\_\_\_  
 Social Security \$ \_\_\_\_\_  
 Rental Income \$ \_\_\_\_\_  
 Dividends, Interest, Capital Gains \$ \_\_\_\_\_

**LIABILITIES**

Mortgage Payment (P&I) or Rent \$ \_\_\_\_\_  
 Vacation Home Mortgage \$ \_\_\_\_\_  
 Automobile Loan(s)/Lease(s) \$ \_\_\_\_\_  
 Retirement Plan Loans \$ \_\_\_\_\_  
 Personal Loans \$ \_\_\_\_\_  
 Charge Cards \$ \_\_\_\_\_  
 Child Support \$ \_\_\_\_\_  
 Alimony \$ \_\_\_\_\_  
 Other \_\_\_\_\_ \$ \_\_\_\_\_

**TAXES**

Residence Real Estate Taxes \$ \_\_\_\_\_  
 Vacation Home R/E Taxes \$ \_\_\_\_\_  
 State & Intangible Taxes \$ \_\_\_\_\_  
 Local & Property Taxes \$ \_\_\_\_\_

**INSURANCE**

Life Insurance \$ \_\_\_\_\_  
 Health Insurance \$ \_\_\_\_\_  
 Disability Income Insurance \$ \_\_\_\_\_  
 Auto Insurance \$ \_\_\_\_\_  
 Home & Flood Insurance \$ \_\_\_\_\_  
 Umbrella Insurance \$ \_\_\_\_\_  
 Long-Term Care Insurance \$ \_\_\_\_\_  
 Other \_\_\_\_\_ \$ \_\_\_\_\_

**TRANSPORTATION**

Gas and Oil \$ \_\_\_\_\_  
 Maintenance and Repair \$ \_\_\_\_\_  
 License, Registration \$ \_\_\_\_\_  
 Public Transportation \$ \_\_\_\_\_  
 Parking \$ \_\_\_\_\_

**SAVINGS AND INVESTMENT CONTRIBUTIONS**

Money Market \$ \_\_\_\_\_  
 Credit Union Savings \$ \_\_\_\_\_  
 Mutual Funds \$ \_\_\_\_\_  
 Stocks and Bonds \$ \_\_\_\_\_  
 Real Estate \$ \_\_\_\_\_  
 Annuities \$ \_\_\_\_\_  
 Certificates of Deposit \$ \_\_\_\_\_  
 Retirement Plans \$ \_\_\_\_\_  
 ROTH IRAs \$ \_\_\_\_\_  
 Other \_\_\_\_\_ \$ \_\_\_\_\_

**CHARITABLE CONTRIBUTIONS**

Religious \$ \_\_\_\_\_  
 Charitable \$ \_\_\_\_\_

**HOUSEHOLD EXPENSES**

Food (include dining out) \$ \_\_\_\_\_  
 Clothing \$ \_\_\_\_\_  
 Doctor & Dentist \$ \_\_\_\_\_  
 Prescriptions, Eyeglasses, etc. \$ \_\_\_\_\_  
 Professional Fees (CPA, etc.) \$ \_\_\_\_\_  
 Business Expenses \$ \_\_\_\_\_  
 Union/Club Dues \$ \_\_\_\_\_  
 Bank Fees \$ \_\_\_\_\_  
 Education Expenses \$ \_\_\_\_\_  
 Child Care \$ \_\_\_\_\_  
 Homeowners Association dues \$ \_\_\_\_\_  
 Home Maintenance & Repair \$ \_\_\_\_\_  
 Home Furnishings & décor \$ \_\_\_\_\_  
 Electricity, Gas, Fuel \$ \_\_\_\_\_  
 Water, Garbage, Pest Control \$ \_\_\_\_\_  
 Telephone \$ \_\_\_\_\_  
 Cable Service \$ \_\_\_\_\_  
 Security Systems \$ \_\_\_\_\_  
 Personal Care \$ \_\_\_\_\_  
 Veterinarian & Pet Care \$ \_\_\_\_\_  
 Recreation, Entertain, Hobbies \$ \_\_\_\_\_  
 Vacation and Travel \$ \_\_\_\_\_  
 Lottery/Gambling \$ \_\_\_\_\_  
 Beer, Wine, Cigarettes, etc. \$ \_\_\_\_\_  
 Books, Magazines, Newspapers \$ \_\_\_\_\_  
 Children’s Allowances \$ \_\_\_\_\_  
 Gifts \$ \_\_\_\_\_  
 Other \_\_\_\_\_ \$ \_\_\_\_\_

Note: For Liabilities, please enter the interest and principal portion of your payment. For credit cards, please enter the amount you pay each year toward outstanding credit card debt, not the amount of normal household expenses you put on the card that you pay off each month.

Please feel free to make comments regarding anticipated changes to future income and expenses.

Please remember to contact ProVise Management Group, LLC, **in writing**, if there are any changes in your personal/financial situation or investment objectives for the purpose of reviewing/evaluating/revising our previous recommendations and/or services, or if you want to impose, add, to modify any reasonable restrictions to our investment advisory services, or if you wish to direct that ProVise Management Group, LLC to effect any specific transactions for your account. A copy of our current written disclosure statement discussing our advisory services and fees continues to remain available for your review upon request.

**CONFIDENTIAL INCOME AND EXPENSE WORKSHEET**

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**Name**

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Client Signature

Date

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Client Signature

Date