

Organization Guide

Name(s): _____

Date: _____

INCOME & EXPENSES

Monthly Income

Income Description	Owner	Monthly Amount	Notes
Salary 1 (net, after taxes)		\$	
Salary 2 (net, after taxes)		\$	
Net Self-employment		\$	
Net Social Security 1		\$	
Net Social Security 2		\$	
Property Rental		\$	
Pension 1		\$	
Pension 2		\$	
Investment Div./Interest		\$	
Other		\$	

Fixed Monthly Expenses

Expense Description	Monthly Amount	Notes
Mortgage/Rent 1	\$	
Mortgage/Rent 2	\$	
Home Equity Loan/Credit	\$	
HOA Fees	\$	
Property Taxes	\$	
Auto 1 Loan	\$	
Auto 2 Loan	\$	
Personal Loan 1	\$	
Personal Loan 2	\$	
Student Loan	\$	
Other Loan	\$	
Doctor Bills	\$	
In-Home Healthcare	\$	
Medical Equipment	\$	
Medicine/Prescriptions	\$	
Credit Card 1	\$	
Credit Card 2	\$	
Credit Card 3	\$	
Credit Card 4	\$	
Homeowner's/Renter's Insurance	\$	
Auto Insurance	\$	
Health Insurance	\$	
Life Insurance	\$	
Umbrella Insurance	\$	
Other Insurance	\$	

Electricity	\$	
Water	\$	
Trash	\$	
Natural Gas/Oil for the home	\$	
Internet/Cable	\$	
Phone	\$	
Cell Phone	\$	
Child Care	\$	
Lawn Care	\$	
Pest Control	\$	
Snow Removal	\$	
Home Security	\$	
Gym Membership	\$	
Newspaper Subscription	\$	
Other	\$	
Other	\$	
Other	\$	
Other	\$	
Other	\$	

Variable Monthly Expenses

Expense Description	Monthly Amount	Notes
Groceries	\$	
Clothing	\$	
Home Maintenance	\$	
Home Improvements	\$	
Gas for Vehicles	\$	
Vehicle Maintenance	\$	
Personal Care	\$	
Household	\$	
Dry Cleaning	\$	
Gifts	\$	
Charitable Contributions	\$	
Travel/Vacation	\$	
Child Expenses (other than care)	\$	
Pet Expenses	\$	
Dining Out	\$	
Entertainment	\$	
Liquor	\$	
Hair & Nail Care	\$	
Unreimbursed Business Expenses	\$	
Professional Fees	\$	
Education	\$	
Other	\$	
Other	\$	
Other	\$	

Cash Flow

Total Monthly Income	\$
Total Monthly Fixed Expenses	\$
Total Monthly Variable Expenses	\$
TOTAL MONTHLY CASH FLOW	\$

(Total Cash Flow = Total Income *minus* Total Fixed Expenses *minus* Total Variable Expenses)

ASSETS & LIABILITIES
Cash Reserve

Description	Bank/Credit Union	Balance	Notes
Checking 1		\$	
Checking 2		\$	
Savings 1		\$	
Savings 2		\$	
Other (CD, etc.)		\$	

Investments/Retirement Accounts

Description	Owner/Title	Location	Beneficiary	Balance	Notes
401(k)/403(b)				\$	
401(k)/403(b)				\$	
IRA 1				\$	
IRA 2				\$	
Roth IRA 1				\$	
Roth IRA 2				\$	
Pension 1				\$	
Pension 2				\$	
Investment 1				\$	
Investment 2				\$	
Investment 3				\$	
Investment 4				\$	
Annuity 1				\$	
Annuity 2				\$	
Other				\$	
Other				\$	

Real Estate

Description	Owner/Title	Market Value	Amount Owed	Interest %	Term Period
Primary Residence		\$	\$		
Property 2		\$	\$		
Rental Property 1		\$	\$		
Rental Property 2		\$	\$		
Other		\$	\$		

Vehicles (Autos, Boats, Motorcycles, etc.)

Description	Owner/Title	Market Value	Amount Owed	Interest %	Term Period
Auto 1		\$	\$		
Auto 2		\$	\$		
Other 1		\$	\$		
Other 2		\$	\$		

Credit Cards

Description	Company	Balance	Interest Rate %
Credit Card 1		\$	
Credit Card 2		\$	
Credit Card 3		\$	
Credit Card 4		\$	
Other		\$	

Net Worth

Total Assets	\$
Total Liabilities (Outstanding Debt)	\$
NET WORTH	\$

(Net Worth = Total Assets *minus* Total Liabilities)

INSURANCE

Life Insurance	Face Amount	Premium Amount	Carrier Company	Beneficiary	Date Issued	Term Period
Life Policy 1	\$	\$				
Life Policy 2	\$	\$				
Group Term 1	\$	\$				
Group Term 2	\$	\$				
Other	\$	\$				

Vehicle Insurance	Carrier Company	Premium Amount	Details/Coverage Amount
Auto 1		\$	
Auto 2		\$	
Other 1		\$	
Other 2		\$	

Other Insurance	Carrier Company	Premium Amount	Details/Coverage Amount
Disability		\$	
Group Disability		\$	
Umbrella		\$	
Long-Term Care		\$	
Other		\$	

ESTATE PLANNING DOCUMENTS

Description	Details	Date Established
Will		
Trust		
Durable POA		
Healthcare POA		
Healthcare Directive		
Guardianship		
Other		

Prescription Medications

For Whom	Drug Name	Dosage	Frequency Taken	Year Started

Important Documents

- | | |
|---|---|
| Birth Certificate | Custodial Account |
| Marriage Certificate | Donor-Advised Fund |
| Last Will and Testament | Prenuptial Agreement |
| Living Trust | Post-Nuptial Agreement |
| Insurance Trust (ILIT) | Divorce Decree or Settlement |
| Charitable Trust | Child Support Agreement |
| Minor's Trust | Adoption Papers |
| General Power of Attorney | Organ Donation Form |
| Medical Power of Attorney | Citizenship Papers |
| Healthcare Directive | Vehicle Titles and Registrations |
| Burial or Pre-need Agreement | Healthcare Savings Account (HSA) Statement(s) |
| Certificate of Military Discharge (DD Form 214) | Medical Insurance Statement(s) |
| Tax Returns for last 3 years | Bank /Credit Union Statement(s) |
| Deeds to Real Property | (checking, savings, line of credit) |
| Auto and Home Insurance Properties | Safe Deposit Box Inventory |
| Leased Vehicle Contract | Home Safe Inventory |
| Other Titles (boat, motorcycle, etc.) | Savings Bonds |
| Brokerage/Investment Statement(s) | Stock Certificates |
| (CDs, IRA, Roth IRA) | Airline Frequent Flyer Statements |
| Annuity Contract(s) and Statement(s) | Others |



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