

MONTHLY INCOME WORKSHEET

Having a post-retirement budget helps you decide how you want to spend your money once you retire. One of the best ways to plan for the future is to keep track of what you spend now. These forms can help you determine how you spend your money over the course of one or two months. Remember to include expenses that occur periodically, such as car insurance, property taxes, and school taxes.

SOURCE	PRESENT	ANTICIPATED
New York State Retirement Income	\$ _____	\$ _____
Social Security Amount	_____	_____
Yield from Savings	_____	_____
Dividends from Stocks, Mutual Funds	_____	_____
Life Insurance Income	_____	_____
Salary	_____	_____
Real Estate	_____	_____
Other Sources	_____	_____
TOTAL	\$ _____	\$ _____

MONTHLY EXPENSES WORKSHEET

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ITEM	PRESENT	ANTICIPATED
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SHELTER

Rent	\$ _____	\$ _____
Mortgage Payments	_____	_____
Real Estate Taxes	_____	_____
Insurance	_____	_____

HOUSEHOLD MAINTENANCE

Repairs, House & Grounds	_____	_____
Water, Electricity, etc.	_____	_____
Fuel	_____	_____
Telephone	_____	_____
Waste Disposal	_____	_____
Hired Help	_____	_____
Other	_____	_____

HOME PURCHASES

Furniture & Fixtures	_____	_____
Equipment, Household & Yard	_____	_____
Other	_____	_____

AUTOMOBILE & TRANSPORTATION

Monthly Car Payment	_____	_____
Repairs	_____	_____
Gas & Oil	_____	_____
License & Registration	_____	_____
Insurance	_____	_____
Other Transportation	_____	_____

TOTAL

(ENTER ON NEXT PAGE)

\$ _____	\$ _____
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MONTHLY EXPENSES WORKSHEET

(CONTINUED)

ITEM	PRESENT	ANTICIPATED
TOTAL (From previous page)	\$ _____	\$ _____
MEDICAL & HEALTH		
Medicines & Drugs	_____	_____
Doctor, Dentist, etc.	_____	_____
Hospital	_____	_____
Insurance Premiums	_____	_____
Other	_____	_____
CLOTHING		
New Clothing	_____	_____
Dry Cleaning, Laundering	_____	_____
Other	_____	_____
FOOD		
Food at Home	_____	_____
Food Away From Home	_____	_____
TAXES & INSURANCE		
Federal	_____	_____
State & Local	_____	_____
Life Insurance Premiums	_____	_____
SAVINGS & INVESTMENTS		
Savings, Stocks, IRAs	_____	_____
Other	_____	_____
Personal Care	_____	_____
TOTAL	\$ _____	\$ _____