

# Income & Expense Worksheet

### **Instructions for use:**

Please do not hesitate to ask questions as you are filling out the form.

- If you require additional space when completing this form, please attach additional pages.
- A recent version of Adobe Reader is required to enter and save data in the form electronically.
- To protect your privacy, please return the completed form to us by mail or secure email.
- Secure email can be sent through the H.M. Payson website: <a href="http://www.hmpayson.com/about-us/contact-us/">http://www.hmpayson.com/about-us/contact-us/</a>

All information collected throughout this questionnaire is kept strictly confidential.

## **INCOME & EXPENSES**

Enter either the monthly or annual amount in each category.

INCOME		MONTHLY	ANNUAL		
Salary/Business Income					
	Salary/Basic Earnings You				
	Your Spouse/Partner				
	Bonuses and/or Overtime You				
	Your Spouse/Partner				
	Net Business Income				
	Net Rental/Partnership Income				
<b>Investment Incor</b>	ne				
	Interest				
	Dividends				
<b>Retirement Incor</b>	ne				
	Pensions and/or Annuities You				
	Spouse/Partner				
	Social Security You				
	Your Spouse/Partner				
Other					
	Gifts of Money				
	Alimony				
	Child Support				
	Federal/State Tax Refund				
	Other				
NON-DISCRETIC	NARY EXPENSES -FIXED	MONTHLY	ANNUAL		
<b>Income Taxes</b>					
	Income Taxes - State				
	Income Taxes - Federal				
Primary Residence*					
	Mortgage Payment or Rent				
	Condo/Association Fee				
	Real Estate Taxes				
	Homeowner's Insurance Premium				
Personal Propert	ty				
	Personal Property Taxes (Car, Boat etc.)				
	Auto Insurance Premium				
	Auto Registration & Fees				

<sup>\*</sup>Expenses related to additional properties should be listed under Discretionary Expenses.



## **INCOME & EXPENSES**

Enter either the monthly or annual amount in each category.

NON-DISCRETIO	NARY EXPENSES - FIXED (CON'T)	MONTHLY	ANNUAL		
Insurance Premiums					
	Health & Dental Insurance Premium				
	Disability Insurance Premium				
	Long Term Care Insurance Premium				
	Life Insurance Premium				
Loans/Savings					
· ·	Loan Payment-Car				
	Loan Payment-Other				
	$Savings-Retirement^*\\$				
	Savings – Non-Retirement				
Other					
	Other				
FVDENCES NON	-DISCRETIONARY VARIABLE	MONTHLY	ANNUAL		
Household	-DISCRETIONART VARIABLE	WONTHE	mmoni		
Household	Groceries				
	Clothing Purchases Family Care Expenses (Day Care etc.)				
	Household Maintenance & Repair				
	_				
<b>Utilities/Primary</b>					
	Electricity				
	Natural Gas/Oil				
	Water & Sewer				
	Cable & Internet				
	Phone - Cell & Landline				
Transportation					
	Gas, Parking & Tolls				
	Car Repairs				
Medical/Dental					
	Medical Expenses - Co-pays etc.				
	Dentist Fees				
	Prescription Fees				
<b>Professional Fee</b>	s				
	Attorney Fees				
	Financial Advisor				
	Accountant + Tax Preparation Fees				



<sup>\*</sup>Employer contributions to retirement plans should be noted in the Retirement Planning section of the questionnaire \*\*Expenses related to additional properties should be listed under Discretionary Expenses.

## **INCOME & EXPENSES**

Enter either the monthly or annual amount in each category.

DISCRETIONARY	EXPENSES	MONTHLY	ANNUAL		
Household & Personal Care					
	Household Supplies				
	Dry Cleaning/House Cleaning				
	Personal Care (Hair, Nails etc.)				
	Pet Related Expenses				
	Education				
	Dining Out				
Recreation & Entertainment					
	Entertainment & Hobbies				
	Membership Fees & Club Dues				
	Books, Magazines, Newspapers, Subscriptions				
	Vacation & Travel				
Gifts-Personal & Charitable					
	Charitable Gifts				
	Personal Gifts				
Vacation Home Expenses					
	Mortgage/Rent				
	Real Estate Taxes				
	Insurance				
	Utilities				
	Maintenance				
	Miscellaneous				
Other					
	Other - Miscellaneous				
	Bank & Credit Card Charges		·-		
	Other				
	Other				