

Expense analysis worksheet

WELLS
FARGO

Advisors

Client name _____ Date _____

Expenses	Monthly Essential Expense Amount	Monthly Discretionary Expense Amount	Annual Essential Expense Amount	Annual Discretionary Expense Amount
Housing				
Mortgage/Rent/Condominium Fees				
Second Mortgage or Rent				
Property Taxes				
Maintenance/Repairs				
Home/Renter's Insurance				
Household Services (lawn, cleaning, etc.)				
Utilities (electric, gas, waste, etc.)				
Telephone/Cell Phone				
Household Supplies				
Cable/Internet				
Home Security				
Subtotal				
Food and Personal				
Groceries				
Dining Out				
Clothing, Beauty Services, etc.				
Subtotal				
Automobile and Transportation				
Car Purchase/Lease Payments				
Auto Insurance and Taxes				
Maintenance and Repairs				
Fuel				
Registration and License Renewals				
Public Transportation				
Parking				
Subtotal				
Medical and Health				
Health Insurance				
Uninsured Medical Expenses/Deductibles/Co-Pays				
Dental, Vision, or Hearing				
Uninsured Medications and Medical Supplies				
Long-Term Care Insurance				
Subtotal				

Investment and Insurance Products are:

- Not Insured by the FDIC or Any Federal Government Agency
- Not a Deposit or Other Obligation of, or Guaranteed by, the Bank or Any Bank Affiliate
- Subject to Investment Risks, Including Possible Loss of the Principal Amount Invested

Expenses (cont'd.)	Monthly Essential Expense Amount	Monthly Discretionary Expense Amount	Annual Essential Expense Amount	Annual Discretionary Expense Amount
Family Care and Support				
Life Insurance				
Adult and/or Child Family Member Care				
Education Expenses				
Animal Care/Pet Expenses				
Subtotal				
Leisure and Social Activities/Expenses				
Season Tickets				
Movies/Concerts/Live Events				
Traveling/Vacations				
Membership Dues (Social/Professional/Gym)				
Publications				
Subtotal				
Gifts and Donations				
Gifts				
Charitable Contributions				
Subtotal				
Loans and Debt Servicing				
Personal				
Credit Card				
Subtotal				
Taxes				
Federal Income Tax				
State Income Tax				
Local/Other Taxes				
Subtotal				
Other				
Subtotal				
Total Expenses				
Total Excluding Taxes				
	Monthly		Annual	
Total Expenses Excluding Taxes (Net Income Req.)				
Total Essential Expenses Excluding Taxes (Net Income Req.)				
Amount of Spending Flexibility (Total discretionary expenses excluding taxes)				
% Spending Flexibility (Percentage of discretionary expenses within total expenses)				

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