

FINANCIAL SNAPSHOT WORKSHEET

GROSS MONTHLY INCOME	GROSS MONTHLY INCOME
Salary/Average Income..... \$ _____	Salary/Average Income..... \$ _____
Child Support..... \$ _____	Child Support..... \$ _____
Rental Property..... \$ _____	Rental Property..... \$ _____
Retirement..... \$ _____	Retirement..... \$ _____
Social Security (62+)..... \$ _____	Social Security (62+)..... \$ _____
Social Security Disability (SSI)..... \$ _____	Social Security Disability (SSI)..... \$ _____
S.N.A.P (Food Stamps)..... \$ _____	S.N.A.P (Food Stamps)..... \$ _____
T.A.N.F. \$ _____	T.A.N.F. \$ _____
W.I.C. \$ _____	W.I.C. \$ _____
Other..... \$ _____	Other..... \$ _____
TOTAL INCOME \$ _____	TOTAL INCOME \$ _____
MINUS TAXES	MINUS TAXES
➤ Federal..... \$ _____	➤ Federal..... \$ _____
➤ State..... \$ _____	➤ State..... \$ _____
➤ Social Security (FICA)..... \$ _____	➤ Social Security (FICA)..... \$ _____
➤ Medicare..... \$ _____	➤ Medicare..... \$ _____
TOTAL TAXES \$ _____	TOTAL TAXES \$ _____
MINUS PRE-TAX DEDUCTIONS	MINUS PRE-TAX DEDUCTIONS
➤ Group Term Insurance... \$ _____	➤ Group Term Insurance... \$ _____
➤ Medical Insurance..... \$ _____	➤ Medical Insurance..... \$ _____
➤ Short Term Disability.... \$ _____	➤ Short Term Disability.... \$ _____
➤ Long Term Disability..... \$ _____	➤ Long Term Disability..... \$ _____
➤ Dental Insurance..... \$ _____	➤ Dental Insurance..... \$ _____
➤ Vision Insurance..... \$ _____	➤ Vision Insurance..... \$ _____
➤ Pension Loan..... \$ _____	➤ Pension Loan..... \$ _____
➤ Flexible Spending Acct. \$ _____	➤ Flexible Spending Acct. \$ _____
➤ Other..... \$ _____	➤ Other..... \$ _____
➤ Other..... \$ _____	➤ Other..... \$ _____
TOTAL PRE-TAX DEDUCTIONS \$ _____	TOTAL PRE-TAX DEDUCTIONS \$ _____
Total Net Spendable Income \$ _____	Total Net Spendable Income \$ _____
TOTAL Net Spendable Income \$ _____	

Some thoughts as you prepare to complete the category spending on the reverse of this page.

- Always round your figures up to the next whole dollar.
- If a bill is paid other than monthly, pro-rate the expense. For example, if you pay your car insurance every 6 months rather than monthly, simply take the 6 month figure and divide it by 6 to get the monthly amount. Enter that figure onto the Snapshot.

CATEGORY EXPENSES

1. GIVING

- Church..... \$ _____
- Charity..... \$ _____
- Total Giving** \$ _____

2. HOUSING

- Mortgage (incl. tax & ins)... \$ _____
- Rent & Renter’s Insurance. \$ _____
- Cable/Internet..... \$ _____
- Netflix..... \$ _____
- Electric..... \$ _____
- Gas..... \$ _____
- Water/Trash..... \$ _____
- Home/Cell Phone..... \$ _____
- Homeowners Fees..... \$ _____
- Repairs..... \$ _____
- Other..... \$ _____
- Total Housing** \$ _____

3. FOOD..... \$ _____

4. AUTO

- Payments..... \$ _____
- Insurance..... \$ _____
- Gas..... \$ _____
- Repairs/Maintenance..... \$ _____
- Roadside Assistance..... \$ _____
- Registrations & Emissions.. \$ _____
- Other..... \$ _____
- Total Auto** \$ _____

5. INSURANCE

- Life Insurance..... \$ _____
- Other..... \$ _____
- Total Insurance** \$ _____

6. DEBT

- Credit Cards..... \$ _____
- Student Loans..... \$ _____
- Personal Loans..... \$ _____
- Pay Day/Title Loans..... \$ _____
- Same as Cash Loans..... \$ _____
- Child Support Payment..... \$ _____
- Other Debt..... \$ _____
- Other Debt..... \$ _____
- Total Debt** \$ _____

7. ENTERTAINMENT

- Dining Out..... \$ _____
- Movies..... \$ _____
- Hobbies..... \$ _____
- Vacation..... \$ _____
- Gambling..... \$ _____
- Other..... \$ _____
- Other..... \$ _____
- Total Entertainment** \$ _____

8. CLOTHING..... \$ _____

9. EMERGENCY SAVINGS..... \$ _____

10. MEDICAL EXPENSES

- Medical/Dental Co-pays \$ _____
- Prescriptions..... \$ _____
- Other..... \$ _____
- Total Medical** \$ _____

11. MISCELLANEOUS

- Gifts..... \$ _____
- Newspaper/Magazines..... \$ _____
- Manicure/Pedicure..... \$ _____
- Beauty/Barber..... \$ _____
- Cosmetics..... \$ _____
- Alcohol Beverages..... \$ _____
- Cigarettes..... \$ _____
- Laundry..... \$ _____
- Pet/Vet..... \$ _____
- Gym Fees..... \$ _____
- Memberships..... \$ _____
- Other..... \$ _____
- Other..... \$ _____
- Total Miscellaneous** \$ _____

12. INVESTMENTS

- Roth IRA..... \$ _____
- Other..... \$ _____
- Total Investments** \$ _____

13. SCHOOL/CHILD CARE

- Tuition (adult and/or child) \$ _____
- School Supplies..... \$ _____
- Children’s Activities..... \$ _____
- Child Care..... \$ _____
- Other..... \$ _____
- Other..... \$ _____
- Total School/Child Care** \$ _____

TOTAL NET SPENDABLE INCOME..... \$ _____

(from previous page)

MONTHLY SPENDING..... \$ _____

+/- DIFFERENCE..... \$ _____

NOTES: _____

