



**Clute Wealth  
Management**

www.clutewealthmanagement.com

**Annual Spending Pattern**

Use this form to document your annual income from all sources and your normal annual expenses. Income minus expenses will equal the amount of money available for discretionary spending. If your expenses exceed your income, you may have to take steps to decrease the former or increase the latter. Completing this form is the first step in assessing your financial health. It's vital to have knowledge of your financial state especially when your circumstances change. It's a good idea to fill out this form and bring it with you when you meet with a financial planner.

**Gross Annual Income:**

Wages and Salaries \_\_\_\_\_ Interest on Savings/Cds, Bonds \_\_\_\_\_  
Pensions, SS, etc. \_\_\_\_\_ Child Support \_\_\_\_\_  
Rental Income \_\_\_\_\_ Capital Gains \_\_\_\_\_  
Other \_\_\_\_\_  
Total Annual Income \_\_\_\_\_  
Net Income(after taxes) \_\_\_\_\_

.....  
**Deductible Annual Expenses:**

Mortgage Payments \_\_\_\_\_ Home Equity Loan Payments \_\_\_\_\_  
(Does this include escrow? y / n )  
Property Taxes \_\_\_\_\_ School Taxes \_\_\_\_\_  
Other Taxes \_\_\_\_\_ Alimony \_\_\_\_\_  
Employee Business Expenses \_\_\_\_\_ Charitable Contributions \_\_\_\_\_  
Child Care Expenses \_\_\_\_\_ Moving Expenses \_\_\_\_\_  
Union Dues \_\_\_\_\_ Business Education Expenses \_\_\_\_\_  
401(k)/403(b)/IRA Contributions \_\_\_\_\_  
Other Deductible Expenses \_\_\_\_\_  
  
Total Annual Deductible Expenses \_\_\_\_\_

**Non-Deductible Annual Investments**

IRA/Roth IRA \_\_\_\_\_  
Non Qualified Investments \_\_\_\_\_  
Budget Savings Account \_\_\_\_\_ Emergency Savings \_\_\_\_\_

Sub-Total of Page 1 Expenses \$ \_\_\_\_\_

**Medical Expenses:**

Doctor Visits \_\_\_\_\_ Co-Payments/Deductibles \_\_\_\_\_  
Prescription Medications \_\_\_\_\_ Other Medications \_\_\_\_\_  
Dentist/Orthodontist \_\_\_\_\_ Optician/Optomologist \_\_\_\_\_  
Glass/Contacts \_\_\_\_\_ Other Medical Expenses \_\_\_\_\_

Total Annual Medical Expenses \_\_\_\_\_

**Household Expenses:**

Rent \_\_\_\_\_ \*Adult Clothing \_\_\_\_\_  
\*Children’s Clothing \_\_\_\_\_ \*Dry Cleaning/Alterations \_\_\_\_\_  
Heat \_\_\_\_\_ Lights \_\_\_\_\_  
Water \_\_\_\_\_ Telephone/ \*Cell Phone \_\_\_\_\_  
\*Cable TV \_\_\_\_\_ Other Utilities/ \*Internet \_\_\_\_\_  
Household Repair/Maintenance \_\_\_\_\_ Furniture/Fixtures \_\_\_\_\_

Total Annual Household Expenses \_\_\_\_\_

**Living Expenses:**

Groceries \_\_\_\_\_ \*Eating Out \_\_\_\_\_  
\*Take Out Food \_\_\_\_\_ School Lunches \_\_\_\_\_  
\*Work Lunches \_\_\_\_\_ \*Children’s Allowances \_\_\_\_\_  
\*Books/Magazines/Newspapers \_\_\_\_\_ \*Recreation \_\_\_\_\_  
\*Family Vacation/Day Trips \_\_\_\_\_ \*Summer Camp/Sport Camp/Etc \_\_\_\_\_

Total Annual Living Expenses \_\_\_\_\_

**Insurance Expenses:**

Long Term Care \_\_\_\_\_ Medicare Supplement \_\_\_\_\_  
Homeowner’s Insurance \_\_\_\_\_ Auto Insurance \_\_\_\_\_  
Health Insurance \_\_\_\_\_ Disability Insurance \_\_\_\_\_  
Life Insurance \_\_\_\_\_ Other Insurance \_\_\_\_\_

Total Annual Insurance Expenses \_\_\_\_\_

**Gift Expenses:**

\*Christmas \_\_\_\_\_ \*Birthdays \_\_\_\_\_  
\*Anniversary \_\_\_\_\_ \*Miscellaneous Gifts \_\_\_\_\_

Total Annual Gift Expenses \_\_\_\_\_

Sub-total of Page 2 expenses \$ \_\_\_\_\_

**Educational Expenses:**

Tuition \_\_\_\_\_ Books/Materials \_\_\_\_\_  
Room/Board \_\_\_\_\_ Courses/Classes/Seminars \_\_\_\_\_

Total Annual Educational Expenses \_\_\_\_\_

**Auto Expenses:**

Auto Payments \_\_\_\_\_ License/Registration/Inspection \_\_\_\_\_  
Maintenance/Repair \_\_\_\_\_ Gas & Oil \_\_\_\_\_

Total Annual Auto Expenses \_\_\_\_\_

**Loan/Credit Payments:**

Personal Loan Payments \_\_\_\_\_ Other Loan Payments \_\_\_\_\_  
Credit Card Payments \_\_\_\_\_ Other Payments \_\_\_\_\_

Total Annual Loan/Credit Payments \_\_\_\_\_

Sub-total of Page 3 expenses \$ \_\_\_\_\_

Total Expenses page 1 \$ \_\_\_\_\_ + Total Expenses page 2 \$ \_\_\_\_\_ +  
Total Expenses page 3 \$ \_\_\_\_\_

= Total Expense \$ \_\_\_\_\_

Net Income page 1 \$ \_\_\_\_\_ - Total Expenses page 4 \$ \_\_\_\_\_

= Discretionary Income \$ \_\_\_\_\_

The categories marked with an asterisk ( \* ) are considered discretionary. If you need to decrease your annual expenses these are good items to start with.