

# MOVIE OF YOUR LIFE WORKSHEET

	MONTHLY	ANNUAL	START/END DATE
<b>HOUSING</b>			
Utilities	_____	_____	_____
Electricity/Gas	_____	_____	_____
Water	_____	_____	_____
Telephone	_____	_____	_____
Cable/Satellite/DSL	_____	_____	_____
Maintenance	_____	_____	_____
Security System	_____	_____	_____
Maid Service	_____	_____	_____
Lawn Service	_____	_____	_____
Garbage Pickup	_____	_____	_____
Rent	_____	_____	_____
Community Dues	_____	_____	_____
Other	_____	_____	_____
Other	_____	_____	_____
Other	_____	_____	_____
Other	_____	_____	_____
Total	_____	_____	_____
<b>INSTALLMENT DEBT</b>			
Mortgage(s)	_____	_____	_____
Student Loan(s)	_____	_____	_____
Credit Card(s)	_____	_____	_____
Other	_____	_____	_____
Other	_____	_____	_____
Total	_____	_____	_____
<b>CHILD CARE</b>			
Daycare	_____	_____	_____
Sports Activities	_____	_____	_____
Other	_____	_____	_____
Total	_____	_____	_____
<b>FOOD / BEVERAGES</b>			
Groceries	_____	_____	_____
Win/Beer/etc.	_____	_____	_____
Household Supplies	_____	_____	_____
Other	_____	_____	_____
Total	_____	_____	_____
<b>TRANSPORTATION</b>			
Loan/Lease	_____	_____	_____
Gas	_____	_____	_____
Maintenance	_____	_____	_____
Tags/Inspection	_____	_____	_____
Other	_____	_____	_____
Total	_____	_____	_____

	MONTHLY	ANNUAL	START/END DATE
<b>ENTERTAINMENT</b>			
Dining Out	_____	_____	_____
Sports Tickets	_____	_____	_____
Theater Tickets	_____	_____	_____
Hobbies	_____	_____	_____
Movies/Videos	_____	_____	_____
Clubs	_____	_____	_____
Other	_____	_____	_____
Other	_____	_____	_____
Total	_____	_____	_____
<b>PERSONAL CARE</b>			
Dry Cleaning	_____	_____	_____
Health Club	_____	_____	_____
Vitamins/Nonprescribed Medication	_____	_____	_____
Other	_____	_____	_____
Other	_____	_____	_____
Total	_____	_____	_____
<b>CLOTHING</b>			
Husband	_____	_____	_____
Wife	_____	_____	_____
Children	_____	_____	_____
Total	_____	_____	_____
<b>FURNISHINGS</b>			
Indoor	_____	_____	_____
Outdoor	_____	_____	_____
Total	_____	_____	_____
<b>EDUCATION</b>			
Private School/College Classes.	_____	_____	_____
Other	_____	_____	_____
Total	_____	_____	_____
<b>VACATIONS AND HOLIDAYS</b>			
Airfare	_____	_____	_____
Hotels	_____	_____	_____
Food	_____	_____	_____
Entertainment	_____	_____	_____
Auto	_____	_____	_____
Other	_____	_____	_____
Other	_____	_____	_____
Total	_____	_____	_____

	MONTHLY	MONTHLY	MONTHLY
<b>GIFTS</b>			
Holidays	_____	_____	_____
Birthdays	_____	_____	_____
Weddings	_____	_____	_____
Other	_____	_____	_____
Total	_____	_____	_____
<b>PETS</b>			
Food	_____	_____	_____
Veterinarian	_____	_____	_____
Other	_____	_____	_____
Total	_____	_____	_____
<b>MISCELLANEOUS</b>			
Other	_____	_____	_____
Other	_____	_____	_____
Other	_____	_____	_____
Total	_____	_____	_____
<b>ALIMONY</b>			
Total	_____	_____	_____
<b>MEDICAL EXPENSES</b>			
Co-Pay	_____	_____	_____
Deductible	_____	_____	_____
Prescribed Medication	_____	_____	_____
Dental	_____	_____	_____
Contacts/Eyeglasses	_____	_____	_____
Other	_____	_____	_____
Total	_____	_____	_____
<b>REAL ESTATE AND PROPERTY TAXES</b>			
Total	_____	_____	_____
<b>GIFTS TO CHARITY</b>			
House of Worship	_____	_____	_____
Other	_____	_____	_____
Other	_____	_____	_____
Other	_____	_____	_____
Total	_____	_____	_____
<b>EMPLOYMENT/BUSINESS EXPENSES GENERAL</b>			
Other	_____	_____	_____
Other	_____	_____	_____
Other	_____	_____	_____
Total	_____	_____	_____

