

# NORTON FINANCIAL CONSULTANTS



**Itemized Budget**

Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Income:**

	<u>Monthly</u>	<u>Annual</u>	<u>Total</u>
Salary/Pension- self	_____	_____	
Salary/Pension- spouse	_____	_____	_____
Bonus-self	_____	_____	
Bonus-spouse	_____	_____	_____
Self-Employment Income (Net)	_____	_____	_____
Real Estate (Net)	_____	_____	_____
Dividends, Interest (savings, bonds)	_____	_____	_____
Social Security - self	_____	_____	_____
Social Security - spouse	_____	_____	_____
Trust Income, Other Income	_____	_____	_____
<b>Total Annual Income</b>			

**Taxes:**

	(Per Pay Period)	#/pp/yr. <input style="width: 50px; height: 15px;" type="text"/>	
Federal	_____	_____	
State	_____	_____	
FICA/Medicare/FMLA	_____	_____	
<b>Total Taxes</b>			
Property Taxes		_____	

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**Fixed Expenses:**

		<u>Monthly</u>	<u>Annual</u>	<u>Total</u>
<i>Housing</i>	Mortgage/Rent	_____	_____	
	Equity Line	_____	_____	
	Total			=====
<i>Utilities</i>	Gas	_____	_____	
	Oil	_____	_____	
	Electricity	_____	_____	
	Cable	_____	_____	
	Internet	_____	_____	
	Telephone	_____	_____	
	Mobile Phone	_____	_____	
	Total			=====
<i>Food</i>	Groceries	_____	_____	
	Restaurants	_____	_____	
	Total			=====
<i>Clothing, Cleaning, Tailor</i>		_____	_____	=====
<i>Transportation</i>	Gas	_____	_____	
	Repairs, Parts, Maint., Taxes	_____	_____	
	Auto Insurance Premium	_____	_____	
	Auto Loan	_____	_____	
	Total			=====
<i>Medical, Dental, Drugs</i>		_____	_____	
<i>Medical Insurance Premium</i>		_____	_____	_____
<i>Credit Card, Personal Loan</i>		_____	_____	_____
<i>Housing Supplies, Maint, Domestic Help</i>		_____	_____	_____
<i>Child Care</i>		_____	_____	_____
<i>Group Life &amp; Disability Insurance Premium</i>		_____	_____	
<i>Personal Life &amp; Disability Insurance Premium</i>		_____	_____	
<i>Long Term Care Insurance Premium</i>		_____	_____	
<i>Homeowner &amp; Other Liability Ins. Prem.</i>		_____	_____	=====
<i>Education, Tuition, Sports, Fees</i>		_____	_____	_____
<i>Postage, Subscriptions</i>		_____	_____	_____
<b>Total Fixed Expenses</b>				=====



## Discretionary Spending

	<u>Monthly</u>	<u>Annual</u>	<u>Total</u>
Vacations, Travel	_____	_____	
Recreation, Entertainment	_____	_____	
Charitable Contributions	_____	_____	
Gifts	_____	_____	
Household Furnishings, Appliances Equipment	_____	_____	
Miscellaneous (personal allowances, lunches, tobacco, cosmetics, hair, vet)	_____	_____	
<b>Total Discretionary Spending</b>			=====

## Business Expenses

\_\_\_\_\_

## Savings (contributions)

401(k)	_____	_____	
SPP	_____	_____	
Fund for Education	_____	_____	
Savings	_____	_____	
Investment	_____	_____	
Other	_____	_____	

**Total Savings & Investment** =====

## Total Expenditures

=====

## Net Surplus/Negative Cash Flow

## Living Expenses

(Expenditures for other than Savings, Investment, and Taxes)

