

## 2021 Personal Tax and Financial Planning

For the Month of \_\_\_\_\_/2021

### INCOME

W-2 (Gross wages/salaries)	\$ _____
IRA Distributions	\$ _____
Pension/retirement	\$ _____
Social Security	\$ _____
Interest/Dividends	\$ _____
Net Business income	\$ _____
Net Rental income	\$ _____
Child support/maintenance	\$ _____
Other income	\$ _____

**1. Total monthly income** \$ \_\_\_\_\_

### EXPENSES

#### Taxes

Federal Income tax	\$ _____
State Income tax	\$ _____
FICA	\$ _____
Medicare	\$ _____
Self-Employment tax	\$ _____
Estimated Tax Payments	\$ _____
Other Taxes	\$ _____

**2. Total Taxes** \$ \_\_\_\_\_

#### Housing

Rent/Mortgage	\$ _____
Rent/Homeowners Insurance	\$ _____
HOA Dues	\$ _____
Real Estate Taxes	\$ _____
Repairs/Maintenance	\$ _____
Other Housing	\$ _____

**3. Total Housing** \$ \_\_\_\_\_

Utilities

Electric	\$ _____
Gas	\$ _____
Water	\$ _____
Garbage	\$ _____
Internet	\$ _____
Cable TV	\$ _____
Cell Phone	\$ _____
Other Utilities	\$ _____

**4. Total Utilities** \$ \_\_\_\_\_

Meals/Entertainment

Food/Groceries	\$ _____
Dining out	\$ _____
Sports/Music/Movies	\$ _____
Vacation	\$ _____
Other Entertainment	\$ _____

**5. Total Meals/Entertainment** \$ \_\_\_\_\_

Transportation

Car Loan/Lease	\$ _____
Bus/Rideshare/Taxi	\$ _____
Gas	\$ _____
Parking and tolls	\$ _____
Maintenance	\$ _____
Repairs	\$ _____
Insurance	\$ _____
Other transportation	\$ _____

**6. Total Transportation** \$ \_\_\_\_\_

Health

Health insurance	\$ _____
Co-Pays/Meds	\$ _____
Vision	\$ _____
Dental	\$ _____
Other Health	\$ _____

**7. Total Health** \$ \_\_\_\_\_

Education

Student Loans \$ \_\_\_\_\_  
Tuition \$ \_\_\_\_\_  
Books/Supplies \$ \_\_\_\_\_  
Other education \$ \_\_\_\_\_

**8. Total Education** \$ \_\_\_\_\_

Personal Care

Childcare \$ \_\_\_\_\_  
Child support \$ \_\_\_\_\_  
Pet Care/Food/Vet \$ \_\_\_\_\_  
Gifts \$ \_\_\_\_\_  
Clothing/shoes \$ \_\_\_\_\_  
Laundry \$ \_\_\_\_\_  
Gym Membership \$ \_\_\_\_\_  
Charitable Donations \$ \_\_\_\_\_  
Hair Care/Beauty \$ \_\_\_\_\_  
Other Personal \$ \_\_\_\_\_

**9. Total Personal Care** \$ \_\_\_\_\_

Financial

Credit Card Payment \$ \_\_\_\_\_  
IRA Contribution \$ \_\_\_\_\_  
401(k)/403(b)/SEP \$ \_\_\_\_\_  
Savings \$ \_\_\_\_\_  
Life Insurance \$ \_\_\_\_\_  
Disability Insurance \$ \_\_\_\_\_  
Other insurance \$ \_\_\_\_\_  
  
Other financial \$ \_\_\_\_\_

**10. Total Financial** \$ \_\_\_\_\_

## RECONCILIATION

Total income (Line 1)	\$ _____
Total expenses (Lines 2-10)	\$ _____
Net Income/(Loss)	\$ _____

### NOTES:

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