

## Personal finance worksheet

Current employ	er-provided insurance be	enefits				
	Life insurance	Long-term disability insurance (% or \$)			Short-term disability insurance (% or \$)	
You						
Partner						
Employer-spons	sored retirement plan be	enefits				
	Retirement plan balance	Your pre-tax contribution (% or \$)	Your post contribution		Employer re plan m	
You						
Partner						
Other retiremer	nt and savings accounts					
	Previous employer- sponsored retirement plan(s) balance(s)	IRA balance	Savings account balance		Other balances (mutual funds, CDs, College funding)	
You						
Partner						
Retirement inco	ome sources (projected i	ncome)				
	Social Security	Defined benefit/pension			Other	
You						
Partner						
Additional insur	ance					
	Face amount of personal life insurance	Benefit amo personal disabilit		Health insurance	Dental insurance	Vision insurance
You				$\circ$	0	$\circ$
Partner				$\bigcirc$	$\circ$	$\bigcirc$
Children						

## Budget/household spending

	Monthly expenses	Balance					
Mortgage/rent							
Transportation (car loans, gas, insurance)							
Credit card(s)							
Student loan(s)							
Home equity loan/ line of credit							
Utilities							
Child care							
Investments and insurance							
Other (food, entertainment)							
Total							
Notes							
Record your goals as well as upcoming action items to help you achieve those goals.							



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