

Budget Planner

Prepared By:

Date:

1 Client Information

Client _____ Spouse/Partner _____

DOB _____ DOB _____

2 Sources of Income - Client

Employment
Income \$ _____

Self-
Employment
Income \$ _____

Bonuses and
Dividends \$ _____

Net Rental
Income \$ _____

Government
Benefits \$ _____

Pension Plans \$ _____

RRSP/RRIF
Withdrawals \$ _____

Investment
Withdrawals \$ _____

\$ _____

\$ _____

Estimated
Income Tax \$ _____

3 Sources of Income - Spouse/Partner

Employment
Income \$ _____

Self-
Employment
Income \$ _____

Bonuses and
Dividends \$ _____

Net Rental
Income \$ _____

Government
Benefits \$ _____

Pension Plans \$ _____

RRSP/RRIF
Withdrawals \$ _____

Investment
Withdrawals \$ _____

\$ _____

\$ _____

Estimated
Income Tax \$ _____

Budget Planner

4 Food and Shelter

Groceries	\$ _____	Insurance	\$ _____
Mortgage/Rent	\$ _____	Utilities	\$ _____
Property Taxes	\$ _____		\$ _____
Maintenance and Upkeep	\$ _____		\$ _____

5 Debt Service

Car Loans	\$ _____	Retail Credit Cards	\$ _____
Consumer Loans	\$ _____	Previous Year's Income Taxes	\$ _____
Lines of Credit	\$ _____		\$ _____
Credit Cards	\$ _____		\$ _____

6 Personal Care

Child Care	\$ _____	Health and Dental	\$ _____
Prescriptions	\$ _____	Eye Care Products	\$ _____
Clothing	\$ _____		\$ _____
Personal Products	\$ _____		\$ _____

7 Transportation

Lease Payments	\$ _____	Repairs and Maintenance	\$ _____
Gas	\$ _____		\$ _____
Insurance	\$ _____		\$ _____

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8 Leisure/Discretionary Spending

Phone (<i>Home and Cellular</i>)	\$ _____	Memberships	\$ _____
Internet	\$ _____	Gifts	\$ _____
Television	\$ _____	Smoking	\$ _____
Entertainment	\$ _____	Beer, Wine and Spirits	\$ _____
Dining Out	\$ _____		\$ _____
Vacations	\$ _____		\$ _____
Children's Activities	\$ _____		\$ _____

9 Savings and Investing

Employee Pension Plans	\$ _____	RDSP Contributions	\$ _____
RRSP Contributions	\$ _____	Cash Accounts	\$ _____
TFSA Contributions	\$ _____		\$ _____
RESP Contributions	\$ _____		\$ _____

10 Financial Security and Insurance

Life Insurance	\$ _____	Health and Dental Insurance	\$ _____
Critical Illness Insurance	\$ _____	Travel Insurance	\$ _____
Disability Insurance	\$ _____		\$ _____
Long Term Care Insurance	\$ _____		\$ _____