

	Name	Date of Birth	Target Retirement Age	State of Residence
Client 1				
Client 2				

Income (Please list after-tax figures)

Client Name	Income Type*	Amount	Frequency (if not monthly)	Start Date or Age	End Date or Age
TOTAL					

*Income Type: Employment, Social Security, Pension, Rental Income, Gifts, Other

How Much Are You Saving?

Client Name	Account Type*	Amount	Frequency (if not monthly)	Start Date or Age	End Date or Age
TOTAL					

*Account Type: Checking/Savings, After-tax Investment Account, 401(k), 403(b), 457 Plan, Money Purchase Plan, SEP IRA, Simple IRA, Traditional IRA, Roth IRA, Annuity, 529 College Savings, Health Savings Account, Flexible Savings Account, Other

Housing

	Whose If Not Joint?	Amount	Frequency (If not monthly)	Start Date or Age	End Date or Age
Mortgage (Principal and Interest ONLY)					
Property Taxes					
Rent					
Homeowner's/Renter's Insurance					
Association Fees					
Equity Line					
Electricity					
Gas/Oil					
Cable, Internet, Home Phone					
Streaming Services					
Trash Pickup					
Water/Sewer					
Cleaning Services					
Landscaping					
Pest Control					
Security Services					
Maintenance & Upkeep					
Other Housing Costs					
Other Housing Costs					
Other Housing Costs					
Other Housing Costs					
TOTAL					

Transportation

	Whose If Not Joint?	Amount	Frequency (If not monthly)	Start Date or Age	End Date or Age
Car Lease or Loan Payment					
Auto Insurance					
Fuel					
Repairs & Maintenance					
Parking/Tolls					
Public Transportation					
Other Transportation Costs					
Other Transportation Costs					
TOTAL					

Family & Dependent Care

	Whose If Not Joint?	Amount	Frequency (If not monthly)	Start Date or Age	End Date or Age
Daycare Costs					
Nanny/Babysitter/Aupair					
Alimony					
Child Support					
Nursing or Home Care for Parent					
Pet Food & Toys					
Pet Insurance					
Veterinarian Costs					
Other Family/Dependent Costs					
TOTAL					

Education

Insert Name(s) Below	Expense Type*	Amount	Frequency (If not monthly)	Start Date or Age	End Date or Age
TOTAL					

*Expenses Type: Tuition and Room & Board, Private School, Books & Supplies, After-school, Tutoring, Clubs, Sports, Student Loan Payments, Other

Health Care

	Owner?	Amount	Frequency (If not monthly)	Start Date or Age	End Date or Age
Health Insurance Premiums					
Health Insurance Premiums					
Dental Insurance					
Dental Insurance					
Vision Insurance					
Vision Insurance					
Prescription Drugs					
Prescription Drugs					
Over-the-Counter Meds					
Over-the-Counter Meds					
Co-Payments/Deductibles					
Co-Payments/Deductibles					
Other Health Care Costs					
Other Health Care Costs					
TOTAL					

Insurance

Client Name	Policy Type*	Amount	Frequency (If not monthly)	Start Date or Age	End Date or Age

TOTAL

*Policy Type: Whole Life, Term Life, Universal Life, Variable Life, Disability, Long-term Care, Umbrella (Liability), Other

Personal

	Whose If Not Joint?	Amount	Frequency (If not monthly)	Start Date or Age	End Date or Age
Cell Phone					
Clothing					
Debt Payments (Credit Cards, Loans, etc.)					
Groceries					
Gym Membership					
Hair					
Home Décor & Furniture					
Laundry/Dry Cleaning					
Personal Care (Toiletries, etc.)					
Storage					
Subscriptions (Amazon, Newspaper, etc.)					
Unreimbursed Business Expenses					
Other Personal Expenses					
Other Personal Expenses					

TOTAL

Discretionary

	Whose If Not Joint?	Amount	Frequency (If not monthly)	Start Date or Age	End Date or Age
Travel					
Dining					
Sporting Events					
Theater					
Gifts & Celebrations					
Charitable Donations					
Beach/Pool or Other Club Dues					
Hobbies					
Other Discretionary Expenses					
Other Discretionary Expenses					
TOTAL					

Miscellaneous or Additional Expenses

	Whose If Not Joint?	Amount	Frequency (If not monthly)	Start Date or Age	End Date or Age
Additional Mortgage (P & I)					
Additional Home Taxes					
Additional Home Insurance					
Additional Home Expenses					
Additional Car Lease or Loan					
Additional Car Insurance					
Additional Car Expenses					
Motorcycle/Boat/RV Lease or Loan Costs					
Motorcycle/Boat/RV Insurance					
Additional Vehicle Costs					
Other Expense					
Other Expense					
TOTAL					

Budget Worksheet - Detailed

TOTAL INCOME:

TOTAL SAVINGS:

DIFFERENCE (total income less total expenses):

TOTAL EXPENSES:

Housing	
Transportation	
Family & Dependent Care	
Education	
Health Care	
Insurance	
Personal	
Discretionary	
Miscellaneous or Additional Expenses	

Notes

Use this space to share anything noteworthy regarding your budget.

Please contact us with questions:

The Montanez Private Client Group

Oppenheimer & Co. Inc

5301 Wisconsin Ave, NW, Suite 300
Washington, DC 20015

Main Desk: 202-296-3030
Fax: 202-261-0739

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