



## Estimate your anticipated retirement expenses

Use this worksheet to help determine how your current retirement savings efforts compare with your retirement spending needs.

		Amount (\$)	Is it essential?	Will it vary?
Housing	Homeowner's/Renter's Insurance		<input type="checkbox"/>	<input type="checkbox"/>
	Household Repairs and Maintenance		<input type="checkbox"/>	<input type="checkbox"/>
	Mortgage/Rent/Condominium Fees		<input type="checkbox"/>	<input type="checkbox"/>
	Property/Local Tax		<input type="checkbox"/>	<input type="checkbox"/>
	Other		<input type="checkbox"/>	<input type="checkbox"/>
Utilities	Electric		<input type="checkbox"/>	<input type="checkbox"/>
	Oil/Gas		<input type="checkbox"/>	<input type="checkbox"/>
	Telephone/Cable/Internet Fees		<input type="checkbox"/>	<input type="checkbox"/>
	Water/Sewer		<input type="checkbox"/>	<input type="checkbox"/>
	Other		<input type="checkbox"/>	<input type="checkbox"/>
Health Care and Insurance	Dental, Vision, and Hearing		<input type="checkbox"/>	<input type="checkbox"/>
	Medical Insurance		<input type="checkbox"/>	<input type="checkbox"/>
	Medical Supplemental Premium		<input type="checkbox"/>	<input type="checkbox"/>
	Out-of-Pocket Expenses (prescriptions, medical supplies, co-pays)		<input type="checkbox"/>	<input type="checkbox"/>
	Long-term Care Insurance		<input type="checkbox"/>	<input type="checkbox"/>
	Life Insurance Premiums		<input type="checkbox"/>	<input type="checkbox"/>
	Other		<input type="checkbox"/>	<input type="checkbox"/>
Family Care	Support of Children or Grandchildren		<input type="checkbox"/>	<input type="checkbox"/>
	Support of Parents		<input type="checkbox"/>	<input type="checkbox"/>
	Other Obligations		<input type="checkbox"/>	<input type="checkbox"/>
	Subtotal			

## Estimate your anticipated retirement expenses *(continued)*

		Amount (\$)	Is it essential?	Will it vary?
Personal	Clothing		<input type="checkbox"/>	<input type="checkbox"/>
	Groceries		<input type="checkbox"/>	<input type="checkbox"/>
	Products and Services (haircuts, dry cleaning, etc.)		<input type="checkbox"/>	<input type="checkbox"/>
	Other		<input type="checkbox"/>	<input type="checkbox"/>
Routine Transportation	Auto Loan or Lease Payment		<input type="checkbox"/>	<input type="checkbox"/>
	Excise Tax/Registration Fees		<input type="checkbox"/>	<input type="checkbox"/>
	Insurance		<input type="checkbox"/>	<input type="checkbox"/>
	Other Commuting Expenses		<input type="checkbox"/>	<input type="checkbox"/>
Recreation	Club Memberships		<input type="checkbox"/>	<input type="checkbox"/>
	Hobbies		<input type="checkbox"/>	<input type="checkbox"/>
	Travel and Vacations		<input type="checkbox"/>	<input type="checkbox"/>
	Other		<input type="checkbox"/>	<input type="checkbox"/>
Entertainment	Dining Out		<input type="checkbox"/>	<input type="checkbox"/>
	Movies/Theater/Sporting Events		<input type="checkbox"/>	<input type="checkbox"/>
	Other		<input type="checkbox"/>	<input type="checkbox"/>
Donations and Gifts	Charitable Donations		<input type="checkbox"/>	<input type="checkbox"/>
	Gifts		<input type="checkbox"/>	<input type="checkbox"/>
Other Expenses	Expense 1:		<input type="checkbox"/>	<input type="checkbox"/>
	Expense 2:		<input type="checkbox"/>	<input type="checkbox"/>
	Expense 3:		<input type="checkbox"/>	<input type="checkbox"/>
	Expense 4:		<input type="checkbox"/>	<input type="checkbox"/>
	Expense 5:		<input type="checkbox"/>	<input type="checkbox"/>
	Expense 6:		<input type="checkbox"/>	<input type="checkbox"/>
	Subtotal			
Subtotal from previous page				
Total Monthly Expenses				