

## PERSONAL FINANCIAL STATEMENT WORKSHEET

**NAME:** \_\_\_\_\_

Fill the attached schedules and the line items on page 1 will calculate.

**AS OF:** \_\_\_\_\_

<u>Line #</u>	ASSETS	Estimated Fair Market Value
1.	Cash on Hand	\$
2.	Cash in Bank (Schedule A)	0 -
3.	Notes & Contracts Receivable (Schedule B)	0 -
4.	Stocks, Bonds & Mutual Funds - Listed (Schedule C)	0 -
5.	Stocks & Bonds - Unlisted (Schedule D)	0 -
6.	Real Estate & Buildings (Schedule E)	0 -
7.	Machinery & Equipment (Costs \$ _____ )	
8.	Furniture, Fixtures & Personal Property (Schedule F)	0 -
9.	Auto & Trucks (Schedule G)	0 -
10.	Cash Value of Life Insurance	
11.	IRA Funds (Schedule H)	0 -
12.	Qualified Retirement Plans (Schedule I)	0 -
	<b>OTHER ASSETS (Describe)</b>	
13.	_____	
14.	_____	
15.	_____	
	<b>TOTAL ASSETS</b>	\$ -

	LIABILITIES	
16.	Credit Cards & Installation Purchases (Schedule J)	\$ 0 -
17.	Notes & Contracts Payable (Schedule K)	0 -
18.	Mortgages & Contracts on Real Estate (Schedule E)	0 -
19.	Auto & Truck Loans (Schedule G)	0 -
	<b>OTHER LIABILITIES (Describe)</b>	
20.	_____	
21.	_____	
22.	_____	
	<b>TOTAL LIABILITIES</b>	-
	<b>NET WORTH</b>	\$ -

NOTE: ENTER WHOLE NUMBERS ONLY IN THE COLUMNS THAT CALCULATE (NO SYMBOLS, COMMAS, OR PERIODS)

**SCHEDULE A**

**CASH IN BANK**

Show all Checking, Savings, Certificates, Etc.

\* Type (1) Checking, (2) Savings, (3) Time Certificate

BANK NAME/ BRANCH	*TYPE	INTEREST RATE	MATURITY DATE	AMOUNT
TOTAL TO LINE 2				\$ 0 -

**SCHEDULE B**

**NOTES & CONTRACTS RECEIVABLE**

DUE FROM (NAME)	DATE OF OBLIGATION	BALANCE		TERMS & INT. RATE	DUE DATE	DESCRIPTION OF COLLATERAL IF ANY
		ORIGINAL	PRESENT			
TOTAL TO LINE 3			\$0 -			

**SCHEDULE C**

**STOCKS, BONDS & MUTUAL FUNDS**

NO. OF SHARES	DESCRIPTION - RATE - MATURITY, IF PLEDGED TO WHOM	ORIGINAL COST	MARKET VALUE
TOTAL TO LINE 4			\$0 -

**SCHEDULE D**

**STOCKS & BONDS - UNLISTED**

NO. OF SHARES	DESCRIPTION - RATE - MATURITY, IF PLEDGED TO WHOM	ORIGINAL COST	MARKET VALUE
TOTAL TO LINE 5			\$0 -

NOTE: ENTER WHOLE NUMBERS ONLY IN THE COLUMNS THAT CALCULATE (NO SYMBOLS, COMMAS, OR PERIODS)

**SCHEDULE E**

**REAL ESTATE**

**\* Show Amount of Delinquent Taxes on each Property under Mortgages. If Due in Installments, Show Amount and Whether Payment Includes Interest and at What Rate.**

TYPE & LOCATION OF PROPERTY	DATE ACQUIRED	TITLE IN NAME OF	INCOME PER MONTH	ORIGINAL COST	MARKET VALUE	MORTGAGES		HOLDER OF LIEN
						PRESENT BALANCE	TERMS & INT. RATE	
Residence						\$		

TOTAL TO LINE 6  
TOTAL TO LINE 18

\$0 -

\$0 -

**SCHEDULE F**

**FURNITURE, FIXTURES, PERSONAL PROPERTY**

Description and if Amount Owed, to Whom	Amount Owed Interest Rate	Original Cost	Market Value
Jewelry			\$
Household Items			

TOTAL TO LINE 8

\$0 -

**SCHEDULE G**

**AUTO & TRUCKS**

YEAR/MAKE/MODEL	DATE ACQUIRED	TITLE IN NAME OF	ORIGINAL COST	MARKET VALUE	LOAN		HOLDER OF LIEN
					PRESENT BALANCE	TERMS & INT. RATE	

TOTAL TO LINE 9  
TOTAL TO LINE 19

\$0 -

\$0 -

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**SCHEDULE H**

**IRA FUNDS (TRADITIONAL & ROTH)**

OWNER	TRADITIONAL OR ROTH?	DESCRIPTION - RATE - MATURITY	MARKET VALUE
<b>TOTAL TO LINE 11</b>			\$0 -

**SCHEDULE I**

**QUALIFIED RETIREMENT PLANS**

OWNER	DESCRIPTION - RATE - MATURITY	ORIGINAL COST	MARKET VALUE
<b>TOTAL TO LINE 12</b>			\$0 -

**SCHEDULE J**

**CREDIT CARDS & INSTALLATION PURCHASES**

DUE TO (NAME)	DATE INCURRED	BALANCE		TERMS & INT. RATE	DUE DATE	DESCRIPTION OF COLLATERAL IF ANY
		ORIGINAL	PRESENT			
<b>TOTAL TO LINE 16</b>			\$ 0			

**SCHEDULE K**

**NOTES & CONTRACTS PAYABLE**

DUE TO (NAME)	DATE INCURRED	BALANCE		TERMS & INT. RATE	DUE DATE	DESCRIPTION OF COLLATERAL IF ANY
		ORIGINAL	PRESENT			
<b>TOTAL TO LINE 17</b>			\$ 0			

Do you have any current or pending judgments, suits or liabilities other than those mentioned above?    Yes    No

  

If yes, give details and the amount or expected amount of liability.

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**GENERAL INFORMATION :**

	NAME	BIRTHDAY	AGE	SOCIAL SECURITY#
(H)				
(W)				
(CH)				

**EMPLOYMENT**

	WIFE	HUSBAND
Employer		
Position		
Salary		
Other Income: Source		
Amount		

NOTE: ENTER WHOLE NUMBERS ONLY IN THE COLUMNS THAT CALCULATE (NO SYMBOLS, COMMAS, OR PERIODS)

**RETIREMENT AND ESTATE PLANNING INFORMATION**

**RETIREMENT BENEFITS**

Person Covered	Age Begins	How Funded	Monthly Income During Life	Monthly Income for Survivors
			\$	\$
<b>TOTALS</b>			\$ 0 -	\$ 0 -

**ESTATE PLANNING**

Wills:  Yes  No Drawn by attorney? \_\_\_\_\_ Who? \_\_\_\_\_

Gifts (contemplated or given): \_\_\_\_\_

Trusts: Grantor: \_\_\_\_\_ Beneficiary: \_\_\_\_\_  
Trustee: \_\_\_\_\_ Principal: \_\_\_\_\_  
Objective: \_\_\_\_\_

Comments: \_\_\_\_\_

Pending Inheritance: \_\_\_\_\_

Other Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NOTE: ENTER WHOLE NUMBERS ONLY IN THE COLUMNS THAT CALCULATE (NO SYMBOLS, COMMAS, OR PERIODS)

### INSURANCE INFORMATION

**Insurance Advisers**

**Name** \_\_\_\_\_

**Addresses** \_\_\_\_\_

**Life Insurance (include group)**

PERSON INSURED	INSURER	FACE AMOUNT	TYPE OF POLICY	ANNUAL PREMIUM	CASH VALUE	LOANS OUT-STANDING	NET AMOUNT
_____	_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

**Disability Insurance (include group)**

PERSON INSURED	INSURER/SOURCE	ANNUAL PREMIUM	1ST MO. COVERAGE	NEXT 4 MO. COVERAGE	COVERAGE AFTER 5 MONTHS WITH DEPENDENTS
_____	_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____	\$ _____

**Total Estimated Monthly Income**

**From Disability Insurance:** \$ - \$ - \$ -

**Health/Medical Insurance: Limits of Coverage (annual)**

PERSON INSURED	ANNUAL PREMIUM	"BASIC" HOSPITAL AND SURGICAL	MAJOR MEDICAL	MEDI-CARE	OTHER COVERAGE
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

**Comments:** \_\_\_\_\_

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## MONTHLY INCOME & EXPENSE

### GROSS INCOME PER MONTH

Salary		
Interest		
Dividend		
Other		
		0 -

### 8. Entertainment & Recreation

Eating Out		
Baby Sitters		
Activities / Trips		
Vacation		
Other		
		0 -

### LESS:

**1. Tax**  
(Est. - Incl. Fed., State, FICA)

**9. Clothing**

**2. Charitable Gifts**

**10. Savings**

**NET SPENDABLE INCOME**

**11. Medical Expenses**

Doctor		
Dentist		
Drugs		
Other		
		0 -

**3. Housing**

Mortgage (rent)		
Insurance		
Taxes		
Electricity		
Gas		
Water		
Sanitation		
Tele/Internet/Cell		
Maintenance		
Other		
		0 -

**12. Miscellaneous**

Toiletry, cosmetics		
Beauty, barber		
Laundry, cleaning		
Allowance, lunches		
Subscriptions		
Gifts (incl. Christmas)		
Cash		
Other		
		0 -

**4. Food**

**5. Automobile(s)**

Payments		
Gas & Oil		
Insurances		
License / Taxes		
Maint / Repair / Replace		
		0 -

**13. School / Child Care**

Tuition		
Materials		
Transportation		
Day Care		
		0 -

**6. Insurance**

Life		
Medical		
Other		
		0 -

**14. Investments**

**7. Debts**

Credit Card		
Loans & Notes		
Other		
		0 -

**TOTAL EXPENSES**

**INCOME VS EXPENSE**

Net Spendable Income	
Less Expenses	-

**15. Unallocated Surplus Income**

Modified From A Similar Spreadsheet Found In "The Family Budget Workbook" by Larry Burkett, Northfield Publishing, 1993.