

PERSONAL FINANCIAL STATEMENT WORKSHEET

NAME: _____

AS OF: _____

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

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

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

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				\$ -

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			\$ -			

SCHEDULE C

STOCKS, BONDS & MUTUAL FUNDS

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

SCHEDULE D

STOCKS & BONDS - UNLISTED

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

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

\$ -

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

\$ -

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

\$ -

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

SCHEDULE H

IRA FUNDS (TRADITIONAL & ROTH)

OWNER	TRADITIONAL OR ROTH?	DESCRIPTION - RATE - MATURITY	MARKET VALUE
TOTAL TO LINE 11			\$ -

SCHEDULE I

QUALIFIED RETIREMENT PLANS

OWNER	DESCRIPTION - RATE - MATURITY	ORIGINAL COST	MARKET VALUE
TOTAL TO LINE 12			\$ -

SCHEDULE J

CREDIT CARDS & INSTALLATION PURCHASES

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

SCHEDULE K

NOTES & CONTRACTS PAYABLE

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

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.

GENERAL INFORMATION :

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

EMPLOYMENT

	WIFE	HUSBAND
Employer		
Position		
Salary		
Other Income: Source		
Amount		

RETIREMENT AND ESTATE PLANNING INFORMATION

RETIREMENT BENEFITS

Person Covered	Age Begins	How Funded	Monthly Income During Life	Monthly Income for Survivors
			\$	\$
TOTALS			\$ -	\$ -

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:

MONTHLY INCOME & EXPENSE

GROSS INCOME PER MONTH

Salary		
Interest		
Dividend		
Other		
	-	

8. Entertainment & Recreation

Eating Out		
Baby Sitters		
Activities / Trips		
Vacation		
Other		
	-	

LESS:

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

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9. Clothing

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2. Charitable Gifts

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10. Savings

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NET SPENDABLE INCOME

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11. Medical Expenses

Doctor		
Dentist		
Drugs		
Other		
	-	

3. Housing

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

12. Miscellaneous

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

4. Food

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5. Automobile(s)

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

13. School / Child Care

Tuition		
Materials		
Transportation		
Day Care		
	-	

6. Insurance

Life		
Medical		
Other		
	-	

14. Investments

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TOTAL EXPENSES

		-
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7. Debts

Credit Card		
Loans & Notes		
Other		
	-	

INCOME VS EXPENSE

Net Spendable Income		-
Less Expenses		-

15. Unallocated Surplus Income

		-
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