

Expense Worksheet- Please enter expenses in Monthly column only

| Ongoing Expenses | | |
|--------------------------------------|-----------|-----------|
| Expense | Monthly | Annual |
| Taxes (Variable with Income) | | |
| State | \$ | \$ |
| Federal | \$ | \$ |
| Local | \$ | \$ |
| TOTAL | \$ | \$ |

| Home | | |
|-------------------------------|-----------|-----------|
| Rent or Mortgage | \$ | \$ |
| Property Tax/Insurance | \$ | \$ |
| Homeowners/Condo Dues | \$ | \$ |
| Electricity | \$ | \$ |
| Water/Garbage/Sewage | \$ | \$ |
| Telephone | \$ | \$ |
| Fuel, Oil, Natural Gas | \$ | \$ |
| Repairs and Maintenance | \$ | \$ |
| Lawn and Pool Care | \$ | \$ |
| Pest Control | \$ | \$ |
| Miscellaneous Household Items | \$ | \$ |
| Alarms | \$ | \$ |
| Cable TV | \$ | \$ |
| Service Contracts/ Appliances | \$ | \$ |
| Domestic help and FICA | \$ | \$ |
| Cell Phone | \$ | \$ |
| Internet | \$ | \$ |
| TOTAL | \$ | \$ |

| Food | | |
|-----------------------------|-----------|-----------|
| Groceries | \$ | \$ |
| Eating Out | \$ | \$ |
| Meal Delivery Subscriptions | \$ | \$ |
| TOTAL | \$ | \$ |

| Ongoing Expenses | | |
|--|-----------|-----------|
| Expense | Monthly | Annual |
| Personal Living Expenses | | |
| Dry Cleaning and Laundry | \$ | \$ |
| Clothing and Shoes | \$ | \$ |
| Unreimbursed Medical | \$ | \$ |
| Unreimbursed Dental and Vision | \$ | \$ |
| Psychiatric/ Psychological Counseling | \$ | \$ |
| Drugs, Cosmetics, Toiletries | \$ | \$ |
| Personal Grooming | \$ | \$ |
| Gifts | \$ | \$ |
| Pets (Rx, Food, Pet Sitting, Veterinarian) | \$ | \$ |
| Club Dues/ Memberships | \$ | \$ |
| Professional Organizations/ Expenses | \$ | \$ |
| Sports and Hobbies | \$ | \$ |
| Entertainment | \$ | \$ |
| Newspapers/ Magazines | \$ | \$ |
| Vacations | \$ | \$ |
| Religious Organizations/Tithing | \$ | \$ |
| Bank Charges/Credit Card Fees | \$ | \$ |
| Education Expenses | \$ | \$ |
| Postage and Stationery | \$ | \$ |
| Accounting Costs | \$ | \$ |
| Financial Planner Costs | \$ | \$ |
| Attorney Costs | \$ | \$ |
| TOTAL | \$ | \$ |

Expense Worksheet-Please enter expenses in Monthly column only

| Ongoing Expenses | | |
|-----------------------------------|-----------|-----------|
| Expense | Monthly | Annual |
| Automobile | | |
| Car Payment #1 | \$ | \$ |
| Car Payment #2 | \$ | \$ |
| Gasoline or Electric Charge Costs | \$ | \$ |
| Repairs | \$ | \$ |
| Tags and License Fees | \$ | \$ |
| Auto Insurance | \$ | \$ |
| Tolls/Parking Fees | \$ | \$ |
| AAA | \$ | \$ |
| TOTAL | \$ | \$ |

| Insurances | | |
|--|-----------|-----------|
| Life Insurance | \$ | \$ |
| Disability Insurance | \$ | \$ |
| Long Term Care Insurance | \$ | \$ |
| Health Insurance | \$ | \$ |
| Other Insurances (Accident, Medigap, etc.) | \$ | \$ |
| Children's Insurance(s) | \$ | \$ |
| Dental Insurance | \$ | \$ |
| Vision Insurance | \$ | \$ |
| TOTAL | \$ | \$ |

| Ongoing Expenses | | |
|---|-----------|-----------|
| Expense | Monthly | Annual |
| Miscellaneous | | |
| | \$ | \$ |
| | \$ | \$ |
| | \$ | \$ |
| | \$ | \$ |
| | \$ | \$ |
| | \$ | \$ |
| | \$ | \$ |
| | \$ | \$ |
| | \$ | \$ |
| | \$ | \$ |
| TOTAL DISCRETIONARY | \$ | \$ |
| Grand Monthly Total Lifestyle Expenses | \$ | \$ |

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