Annual Spending Worksheet

Year _____

Expenses	Annual Cost	Monthly Cost
Homeowner's / Renter's Insurance	$	$
Auto Insurance	$	$
Life Insurance	$	$
Disability Insurance	$	$
Medical Expenses	$	$
Dental Cleanings & Work	$	$
Vacation	$	$
Holidays & Gifts	$	$
Memberships & Subscriptions	$	$
	$	$
	$	$
	$	$
	$	$
	$	$
	$	$
	$	$
	$	$
	$	$
	ANNUAL TOTAL:	MONTHLY TOTAL:
	$	$

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