

**LOVE & ASSOCIATES, INC.
FINANCIAL NEEDS ANALYSIS**

Client Name _____
Tax Year _____

Notations - Comments

		Personal	
	Monthly Living Expenses	Amount	Comments
	Food		
	Clothing		
	Medical expense		
	Medical Insurance		
	Mortgage/Rent		
	Property Taxes		
	Home Insurance		
	Telephone		
	Utility Expenses		
	Water, Sewer, Trash		
	Employment Taxes:		
	Federal withholding		
	State withholding		
	SDI withholding		
	Auto Insurance		
	Entertainment		
	Gifts		
	Personal Items		
	Savings		
	Retirement		
	Other		
	Other		
	Other		
Use separate sheet =====>	Credit Payments (List ALL)		
	Total Monthly Personal		
From Income Worksheet=====>	Total Monthly Gross Income		
	Disposable Income (\$Left)		
Adjustments to Make:	Money to Invest Each Month		
Spouse has Gross income			See W/S
S-Corp wages to shareholder			See W/S
S-Corp stipends (monthly)			See W/S
S-Corp reimbursements			See W/S
S-Corp profit distribution			See W/S
	Total Monthly Needs Met		
	Our analysis is limited to the accuracy of information provided		

