FINANCIAL PLANNING WORKSHEET

	ACTUAL	PROJECTED	REMARKS
NAME/SSN/DATE			
AGE(Actual/Projected)/RATE			
PAYGRADE (E1, W2,O1E, ETC.)			Select from pulldown menu.
YEARS IN SERVICE			Select from pulldown menu.
DATE REPORTED/PRD (TRANSFER)			Reported (Actual)/PRD (Projected)
BAH STATUS			Select BAH from pulldown menu.
SPOUSE'S NAME			
SPOUSE'S AGE			Required to compute FSGLI.
SPOUSE'S PLACE OF EMPLOYMENT			
NUMBER OF DEPENDENTS			
ADDRESS (last 5 digits must be zipcode)			Required for BAH & C-COLA
OHA & COLA Location			Required for OHA & O-COLA
WORK TELEPHONE			
HOME TELEPHONE			
COMMAND & REFERRED BY:			Self, CMD, NMCRS, FFSC, Etc.
AMOUNT OF FSGLI ELECTED			Select from pulldown menu.
AMOUNT OF SGLI ELECTED			Select from pulldown menu.
TSP BASEPAY CONTRIBUTION			Enter TSP Contribution %
TSP BONUS/INCENTIVE/SPECIAL PAY			Enter Dollar Amount
MGIB MONTHLY CONTRIBUTION			Select from pulldown menu.

STATEMENT OF NET WORTH

ASSETS		LIABILITIES	
CASH (On Hand)		Signature Loans	
Checking Accounts		Auto Loans or Lease	
Saving Accounts		Consolidation Loans	
Certificates of Deposits		Student Loans	
Cash value of life insurance		NEX/AAFES (Star Card)	
U.S. Savings Bonds		Dept Store Credit Cards	
Mutual Funds/Money Market		Other Credit Cards	
Stocks/Bonds		N&MCRS (Loan)	
College Funds		Other (Friends, Relatives, etc.)	
401(k)/403(b)/TSP		Advance/Over Payments	
Other (IRAs, etc.)			
Real Estate (Market Value)		**Mortgages-Balances Due**	
Home		Home	
Rental Property		Rental Property	
Other (Vac Hm/Trailer/Time Share)		Other (Vac Hm/Trailer/Time Share)	
Personal Property			
Vehicles/Motorcycles/Boats			
Furniture			
Jewelry			
Other (Collectibles, etc.)			
TOTAL ASSETS		**TOTAL LIABILITIES**	

NET WORTH	

Counseling Provided By: ____________________

Counselor Phone #: ____________________

MONTHLY INCOME

ENTITLEMENTS	ACTUAL		PROJECTED		REMARKS
Base Pay	$ -		$ -		
Basic Allowance for Housing (BAH I or II)	$ -		$ -		Select BAH from pulldown menu.
Overseas Housing Allowance (max OHA & Utilitie	$ -		$ -		
Basic Allowance for Subsistence (BAS)	$ -	None	$ -	None	Select F, P, R, N or C
Family Separation Allowance (FSA)	$ -	No	$ -	No	Select Y=Yes or N=No
Flight Pay/Diving Pay/Flight Deck Pay	$ -		$ -		
Submarine Pay	$ -	None	$ -	None	N=N/A or select qualified years
Other Hazardous Duty Pay	$ -		$ -		
Sea Pay	$ -	None	$ -	None	N=N/A or select qualified years
Taxable COLA	$ -		$ -		
Other (tax exempt/allowance eg. COLA/FSSA)	$ -	No	$ -	No	Select BQ status from pulldown
TOTAL MILITARY COMPENSATION (A)	$ -		$ -		
Taxable pay ( )	$ -		$ -		Excludes pretax ded for TSP/MGIB
DEDUCTIONS: (Use CheckBox to include allotment in Spending Plan)					
ALLOTMENT	$ -	☐	$ -	☐	For/ends?
ALLOTMENT	$ -	☐	$ -	☐	For/ends?
ALLOTMENT	$ -	☐	$ -	☐	For/ends?
ALLOTMENT	$ -	☐	$ -	☐	For/ends?
ALLOTMENT	$ -	☐	$ -	☐	For/ends?
ALLOTMENT	$ -	☐	$ -	☐	For/ends?
Meal Collection Deduction	$ -		$ -		
Family SGLI (For Spouses)	$ -		$ -		Amount from NetWorth Page
Servicemen's Group Life Insurance (SGLI)	$ -		$ -		Amount from NetWorth Page
Uniform Services TSP	$ -		$ -		Amount from NetWorth Page
MGIB	$ -		$ -		Amount from NetWorth Page
FITW Filing Status Actual: Ma 0	$ -		$ -		Proj Status: Ma 0
FICA (Social Security)	$ -		$ -		Base Pay only, Excludes MGIB
FICA (Medicare)	$ -		$ -		Base Pay only, Excludes MGIB
State Income Tax	$ -		$ -		
AFRH (Armed Forces Retirement Home)	$ -		$ -		
Tricare Dental Plan (TDP)	$ -	None	$ -	None	N=No, S=1, or F=2 or more Deps.
Advance Payments	$ -		$ -		Ends:
Over Payments	$ -		$ -		Ends:
TOTAL DEDUCTIONS (B)	$ -		$ -		
CALCULATE NET INCOME					
Servicemember's Take Home Pay **(A-B)**	$ -	$ -	$ -	$ -	Divide by 2 for Payday amount.
Servicemember's Other Earnings **(less taxes)**	$ -		$ -		
Spouse's Earnings **(less taxes)**	$ -		$ -		
ALLOTMENT	$ -		$ -		
ALLOTMENT	$ -		$ -		
ALLOTMENT	$ -		$ -		
ALLOTMENT	$ -		$ -		
ALLOTMENT	$ -		$ -		
ALLOTMENT	$ -		$ -		
Meal Collection Deduction	$ -		$ -		
Family SGLI (For Spouses)	$ -		$ -		
Servicemen's Group Life Insurance (SGLI)	$ -		$ -		
Uniform Services TSP	$ -		$ -		
MGIB	$ -		$ -		
Tricare Dental Plan (TDP)	$ -		$ -		
Advance Payments	$ -		$ -		
Over Payments	$ -		$ -		
Child Support/Alimony (Received/Income)	$ -		$ -		
Other Income (e.g. SSI, Rental Income)	$ -		$ -		
TOTAL NET MONTHLY INCOME	$ -		$ -		

MONTHLY SAVINGS AND LIVING EXPENSES

Note: Actual or Projected Figures are carried forward to spending plan.

SAVINGS		ACTUAL	PROJECTED	REMARKS
SAVINGS	Emergency Fund (1-3 Months)			Monthly Contribution Amount
10% Minimum	Reserve Fund			Monthly Contribution Amount
Actual Projected	"Goal Getter" Fund			Monthly Contribution Amount
	Investments/IRAs/etc.			Monthly Contribution Amount
	TSP			
TOTAL SAVINGS AND INVESTMENTS (10%)				Actual:

LIVING EXPENSES		ACTUAL	PROJECTED	REMARKS
AUTOMOBILE	Gasoline			
	Maintenance/Repairs			
	Other			
CHILD CARE	Allowances			
	Daycare			
	Support			Include Other Dependant Care
CLOTHING	Laundry/Dry Cleaning			
	Purchases ($50 Monthly per Person)			
CONTRIBUTIONS	Charities (CFC/NMCRS)			
	Club Dues/Association Fees			
	Religious			
EDUCATION	Books			
	Fees (Other/Room & Board)			
	Tuition			
	MGIB			Montgomery GI Bill (MGIB)
FOOD	Dining Out			
	Groceries			
	Lunches			Include school lunches and lunches at work
	Vending Machines			
	Meal Deductions			
GIFTS	Holidays			
	Birthdays/Anniversaries			
HEALTHCARE	Dental			
	Eye care			
	Hospital/Physician			
	Prescriptions			
HOUSEHOLD	Furnishings			
	Maintenance/Repairs			
	Mortgage/Rent			
	Taxes/Fees			
INSURANCE	Automobile			
	Health/Life			Add additional insurance costs here.
	Homeowners/Renters			
	SGLI/FSGLI			Both service member and Family SGLI
	Tricare Dental			
JOB EXPENSE	Non-Reimbursed			
	Reimbursed			
LEISURE	Athletic Events/Sporting Goods			Include Spectator Sports
	Books & Magazines			
	Computer Products (Software/Hardware)			
	DVD/VHS & Video Games Rentals			
	DVD's & CD's			
	Entertaining			
	Lessons			Dance, Music, Self-Defense, Tutor, etc.
	Toys & Games			
	Travel/Lodging			
PERSONAL CARE	Barber/Beauty Shop			
	Beer/Liquor/Wine			ABC, Package Store, etc.
	Other			
	Tobacco Products			
PET CARE	Food/Supplies			
	Veterinarian/Service (Boarding/Grooming)			
UTILITIES	Cable/Satellite TV			
	Cellular/Pagers/Phone Cards			
	Electricity			
	Internet Service			
	Natural Gas/Propane			
	Telephone			Local = $________Long Distance = $ ________
	Water/Garbage/Sewage			
MISCELLANEOUS	ATM Fees/Stamps/etc…			
	Other			Recommend $50-$150 Buffer
TOTAL MONTHLY LIVING EXPENSES (70%)				Actual:

Indebtedness (20%)

	CREDITOR (ACCOUNT #/PHONE #)	PURPOSE	MO. PYMT	BALANCE	PROJ.PMT	REMARKS (MOS. BEHIND, PAID BY ALLOTMENT,	APR (%)
1	US Gov't	Advance Pmts	$ -		$ -	Automatic Deduction	
2	Gov't Credit Card	Over Payments	$ -		$ -	Automatic Deduction	
3							
4							
5							
6							
7							
8							
9							
10							
11							
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20							
21							
22							
23							
24							
25							
		TOTAL	$ -	$ -	$ -		

	ACTUAL	PROJECTED
NET INCOME (Bottom of Page 2)		
SAVINGS AND INVESTMENTS (Near Top of Page 3)		
LIVING EXPENSES (Bottom of Page 3)		
AMOUNT LEFT TO PAY DEBTS		
DEBTS (Bottom of Page 4)		
SURPLUS OR DEFICIT		
DEBT TO INCOME RATIO		

ACTION PLAN

PROPOSED OPTIONS

Increase Income
1.
2.
3.
4.
5.
6.

Decrease Living Expenses
1.
2.
3.
4.
5.
6.

Decrease Indebtedness
1.
2.
3.
4.
5.
6.

REFERRALS/RECOMMENDED TRAINING

1.
2.
3.
4.
5.
6.

SETTING YOUR GOALS
(SHORT TERM & LONG TERM)

Goal	Cost	/ Date Wanted	= Monthly Savings to Reach Goal
1.			
2.			
3.			
4.			
5.			
6.			

Use Take Home/Actual							SPENDING PLAN						Page 6
TOTAL TAKE HOME PAY	$ -	Month				Month				Month			
BY PAYDAY		1ST	$ -	15TH	$ -	1ST	$ -	15TH	$ -	1ST	$ -	15TH	$ -
P=Planned/A=Actual		P	A	P	A	P	A	P	A	P	A	P	A
Note: Subtract all savings or living expenses deducted from pay (e.g. TSP) or paid by allotment.													
SAVINGS AND INVESTMENTS	$ -	$ -		$ -		$ -		$ -		$ -		$ -	
AUTOMOBILE	$ -	$ -		$ -		$ -		$ -		$ -		$ -	
CHILD CARE	$ -	$ -		$ -		$ -		$ -		$ -		$ -	
CLOTHING	$ -	$ -		$ -		$ -		$ -		$ -		$ -	
CONTRIBUTIONS	$ -	$ -		$ -		$ -		$ -		$ -		$ -	
EDUCATION	$ -	$ -		$ -		$ -		$ -		$ -		$ -	
FOOD	$ -	$ -		$ -		$ -		$ -		$ -		$ -	
GIFTS	$ -	$ -		$ -		$ -		$ -		$ -		$ -	
HEALTHCARE	$ -	$ -		$ -		$ -		$ -		$ -		$ -	
HOUSEHOLD	$ -	$ -		$ -		$ -		$ -		$ -		$ -	
INSURANCE	$ -	$ -		$ -		$ -		$ -		$ -		$ -	
JOB EXPENSES	$ -	$ -		$ -		$ -		$ -		$ -		$ -	
LEISURE	$ -	$ -		$ -		$ -		$ -		$ -		$ -	
PERSONAL CARE	$ -	$ -		$ -		$ -		$ -		$ -		$ -	
PET CARE	$ -	$ -		$ -		$ -		$ -		$ -		$ -	
UTILITIES	$ -	$ -		$ -		$ -		$ -		$ -		$ -	
MISCELLANEOUS	$ -	$ -		$ -		$ -		$ -		$ -		$ -	
CREDITORS:	Do not include creditors paid by allotment (Use CheckBox to delete creditors paid by allotments.)												
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TOTALS:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -

Use MO.PYMT ***FullSteam: Debt Reduction through use of Power Payments***

Balance	***Payment***	***Rate***	***# of Pmts***	***Account***	***# of Pmts with FS***
Total Balance					
Total Payments		***W/O FullSteam***			
FullSteamPayments		***FullSteam Time***			
Total Savings		***Time Saved***			
Total Interest					
FullSteamInterest					
Interest Savings					
Extra Steam					
1st Blast of Steam		***in Month/Year***			
2nd Blast of Steam		***in Month/Year***			
3rd Blast of Steam		***in Month/Year***			

TSP INVESTMENTS

	10 yr average	Contribution Percentage
Government Securities	(6.04%)	100.00%
Fixed Income Index	(6.98%)	
Common Stock Index	(10.99%	
Small Cap. Stock Index	(9.7%)	
International Stock Index	(4.32%)	
15% Example	(15%)	
Total Distribution		100.00%

Current Balance	
Current Contribution	$ -
Current Age	
Years left to Contribute	
Investment Yrs until 59.5	59 1/2
Total Contributions	$ -
Interest Earned on Investment	$ -
TSP Balance @ age 59.5	

TSP 10 Year Average	
G Fund	6.04%
F Fund	6.98%
C Fund	10.99%
S Fund	9.70%
I Fund	4.32%
Flat rate	15.00%
Ret. Age	59 1/2