

# Budget Sheet



Title:	<input type="checkbox"/> Mr	<input type="checkbox"/> Ms	Date of birth:	<input type="text"/>
Last name:	<input type="text"/>		First name:	<input type="text"/>
Postcode:	<input type="text"/>		City:	<input type="text"/>

## 1. Expenses

	Current/month	Current/year	After retirement/year
<b>Taxes</b>			
Cantonal and communal tax (incl. church tax)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Direct federal tax	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Housing</b>			
Rent/mortgage	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maintenance/repairs	<input type="text"/>	<input type="text"/>	<input type="text"/>
Utilities (electricity, water, heating)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Internet, TV, telephone, mobile	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Household</b>			
Food, beverage	<input type="text"/>	<input type="text"/>	<input type="text"/>
Meals away from home	<input type="text"/>	<input type="text"/>	<input type="text"/>
Clothing	<input type="text"/>	<input type="text"/>	<input type="text"/>
Personal care and cosmetics	<input type="text"/>	<input type="text"/>	<input type="text"/>
Newspapers, magazines, online subscriptions	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other (e.g. pets)	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Insurance</b>			
Health insurance, accident insurance	<input type="text"/>	<input type="text"/>	<input type="text"/>
Motor vehicle insurance	<input type="text"/>	<input type="text"/>	<input type="text"/>
Household/liability insurance	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other insurances (e.g. pillar 3a)	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Health</b>			
Doctor, dentist, healthcare	<input type="text"/>	<input type="text"/>	<input type="text"/>
Medications and medical aids	<input type="text"/>	<input type="text"/>	<input type="text"/>
Optician	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Transport</b>			
Public transport	<input type="text"/>	<input type="text"/>	<input type="text"/>
Car, motorbike, bicycle (service)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Fuel	<input type="text"/>	<input type="text"/>	<input type="text"/>
Duties (incl. leasing) and taxes	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Leisure</b>			
Hobbies	<input type="text"/>	<input type="text"/>	<input type="text"/>
Outings and trips	<input type="text"/>	<input type="text"/>	<input type="text"/>
Books/further training	<input type="text"/>	<input type="text"/>	<input type="text"/>
Vacation/travel	<input type="text"/>	<input type="text"/>	<input type="text"/>



**Miscellaneous**

Membership fees	_____	_____	_____
Gifts and donations	_____	_____	_____
Provision for purchases (car, furniture)	_____	_____	_____
Education / support for children	_____	_____	_____
Alimony	_____	_____	_____
Other expenses	_____	_____	_____
<b>Total expenses</b>	_____	_____	_____

**2. Income**

	<b>Current/month</b>	<b>Current/year</b>	<b>After retirement/year</b>
Income from gainful employment	_____	_____	_____
OASI pension	_____	_____	_____
Pension fund pension	_____	_____	_____
Private pension	_____	_____	_____
Income from securities	_____	_____	_____
Income from real estate	_____	_____	_____
Other income	_____	_____	_____
<b>Total income</b>	_____	_____	_____

**3. Deficit/surplus**

	<b>Current/month</b>	<b>Current/year</b>	<b>After retirement/year</b>
Total income	_____	_____	_____
Total expenses	_____	_____	_____
<b>Deficit/surplus</b>	_____	_____	_____

**4. Name of the consultant (if known)**

Last name: \_\_\_\_\_ First name: \_\_\_\_\_

**5. Remarks**

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