

# Financial Planning Snapshot

Name: \_\_\_\_\_

## Box 1: Assets

**Assets:**  
 Cash on Hand \$ \_\_\_\_\_  
 Checking \$ \_\_\_\_\_  
 Savings \$ \_\_\_\_\_  
 Certificates of Deposit \$ \_\_\_\_\_  
 Stocks/Bonds \$ \_\_\_\_\_  
 TSP Balance \$ \_\_\_\_\_  
 Other Asset(s) \$ \_\_\_\_\_

**Market Value of Personal Property:**  
 Home \$ \_\_\_\_\_  
 Rental Property \$ \_\_\_\_\_  
 Vehicles \$ \_\_\_\_\_  
 Furniture \$ \_\_\_\_\_  
 Jewelry/Others + \$ \_\_\_\_\_

**Total Assets:** ≡ \$ \_\_\_\_\_

## Box 2: Action Plan Part I

Short-Term Goal(s): \_\_\_\_\_

Mid-Range Goal(s): \_\_\_\_\_

Long-Term Goal(s): \_\_\_\_\_

## Final Snapshot Summary

### Current Snapshot

(\*Use your Current Net Income)

$\frac{\text{Total Savings/Invest.}}{\text{Net Income}} = \underline{\quad\quad}\%$

$\frac{\text{Total Expenses}}{\text{Net Income}} = \underline{\quad\quad}\%$

$\frac{\text{Total Debt Payments}}{\text{Net Income}} = \underline{\quad\quad}\%$

**Total (%):** =      %

### Projected Snapshot

(\*Use your Projected Net Income)

$\frac{\text{Total Savings/Invest.}}{\text{Net Income}} = \underline{\quad\quad}\%$

$\frac{\text{Total Expenses}}{\text{Net Income}} = \underline{\quad\quad}\%$

$\frac{\text{Total Debt Payments}}{\text{Net Income}} = \underline{\quad\quad}\%$

**Total (%):** =      %

## Box 3: CURRENT Income

### Entitlements/Base Pay:

Base Pay \$ \_\_\_\_\_  
 BAH/OHA \$ \_\_\_\_\_  
 BAS (Standard/Partial) + \$ \_\_\_\_\_  
 COLA \$ \_\_\_\_\_

**Total Military Compensation (A)** ≡ \$ \_\_\_\_\_

### Deductions:

Meal Collection (Chow Hall) \$ \_\_\_\_\_  
 Federal Income Tax (FITW) \$ \_\_\_\_\_  
 FICA (Medicare & SSI) \$ \_\_\_\_\_  
 State Income Tax (SITW) \$ \_\_\_\_\_  
 Tricare Dental (Family Only) \$ \_\_\_\_\_  
 SGLI (+TSGLI) \$ \_\_\_\_\_  
 TSP Contribution (Traditional or Roth) + \$ \_\_\_\_\_  
 AFRH (Armed Forces Retirement Home) \$ \_\_\_\_\_ .50

**Total Deductions (B)** ≡ \$ \_\_\_\_\_

### Other Income:

Spouse \$ \_\_\_\_\_  
 Rental/Other Income \$ \_\_\_\_\_

**Total (Add to Military Compensation)** \$ \_\_\_\_\_

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**Total Military Compensation (A)** \$ \_\_\_\_\_  
**Total Deductions (B)** ≡ \$ \_\_\_\_\_

**Net Monthly Income** ≡ \$ \_\_\_\_\_

## Box 4: PROJECTED Future Income

Projected Career: \_\_\_\_\_

City/State: \_\_\_\_\_

### Entitlements/Base Pay:

Projected Annual Pay/Gross Income \$ \_\_\_\_\_  
 + 12 months

**Gross Monthly Income (A):** ≡ \$ \_\_\_\_\_

### Deductions (Annually):

Federal Income Tax (FITW) \$ \_\_\_\_\_  
 FICA (Medicare & SSI) \$ \_\_\_\_\_  
 State Income Tax (SITW) \$ \_\_\_\_\_  
 Local Taxes (if applicable) + \$ \_\_\_\_\_

**Total Annual Deductions** ≡ \$ \_\_\_\_\_  
 + 12 months

**Total Monthly Deductions (B):** ≡ \$ \_\_\_\_\_

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**Gross Monthly Income (A)** \$ \_\_\_\_\_

**Total Deductions (B)** ≡ \$ \_\_\_\_\_

**Net Monthly Income** ≡ \$ \_\_\_\_\_

## Helpful Web Sites:

MCCS TRP: <https://www.mccsokinawa.com/transition/#tab4>  
 RMC: <https://militarypay.defense.gov/calculators/rmc-calculator/>  
 BLS OOH: <https://www.bls.gov/ooh/>  
 Numbeo: <https://www.numbeo.com/cost-of-living/>

Smart Asset: <https://smartasset.com/taxes/income-taxes>  
 HealthCare.gov: <https://www.healthcare.gov/see-plans/#/>  
 Credit Report: <https://www.annualcreditreport.com/index.action>  
 Thrift Savings Plan (TSP): <https://www.tsp.gov/>

# Living Expenses, Savings, & Indebtedness

## Box 5: CURRENT Living Expenses (Monthly)

|  |                   |
|--|-------------------|
| Mortgage/Rent                                    | \$ _____          |
| Dining Out/Fast Food                             | \$ _____          |
| Groceries  | \$ _____          |
| Streaming Services/Cable                         | \$ _____          |
| Cell Phone(s)                                    | \$ _____          |
| <b>Electricity (or Combined Utilities)</b>       | <b>\$ _____</b>   |
| <b>Gas/Propane</b>                               | <b>\$ _____</b>   |
| <b>Water/Trash/Sewer</b>                         | <b>\$ _____</b>   |
| Internet   | \$ _____          |
| Gasoline (Vehicle)                               | \$ _____          |
| Car Maintenance/Repairs                          | \$ _____          |
| Car Registration                                 | \$ _____          |
| Vehicle Insurance                                | \$ _____          |
| Homeowner's/Renter's Insurance                   | \$ _____          |
| <b>Health Insurance</b>                          | <b>\$ _____</b>   |
| <b>Dental Insurance</b>                          | <b>\$ _____</b>   |
| <b>Vision Insurance</b>                          | <b>\$ _____</b>   |
| Entertainment                                    | \$ _____          |
| Monthly App Subscriptions                        | \$ _____          |
| Barber/Beauty Shop                               | \$ _____          |
| <i>Beer/Liquor/Wine</i>                          | \$ _____          |
| <i>Tobacco Products/Vape Products</i>            | \$ _____          |
| Fitness Center/Gym                               | \$ _____          |
| Pet Food/Care                                    | + \$ _____        |
| Child Care                                       | \$ _____          |
| <b>Total CURRENT Expenses (A)</b>                | <b>≡ \$ _____</b> |
| <b><u>Other Expenses/Savings/Retirement:</u></b> |                   |
| Other/Savings:                                   | + \$ _____        |
| Other/Savings:                                   | \$ _____          |
| <b>Total Savings/Investments/Etc. (B)</b>        | <b>≡ \$ _____</b> |

## Box 6: PROJECTED Living Expenses & Savings (Monthly)

|  |                   |
|--|-------------------|
| Mortgage/Rent                                    | \$ _____          |
| Dining Out/Fast Food                             | \$ _____          |
| Groceries  | \$ _____          |
| Streaming Services/Cable                         | \$ _____          |
| Cell Phone(s)                                    | \$ _____          |
| <b>Electricity (or Combined Utilities)</b>       | <b>\$ _____</b>   |
| <b>Gas/Propane</b>                               | <b>\$ _____</b>   |
| <b>Water/Trash/Sewer</b>                         | <b>\$ _____</b>   |
| Internet   | \$ _____          |
| Gasoline (Vehicle)                               | \$ _____          |
| Car Maintenance/Repairs                          | \$ _____          |
| Car Registration                                 | \$ _____          |
| Vehicle Insurance                                | \$ _____          |
| Homeowner's/Renter's Insurance                   | \$ _____          |
| <b>Health Insurance</b>                          | <b>\$ _____</b>   |
| <b>Dental Insurance</b>                          | <b>\$ _____</b>   |
| <b>Vision Insurance</b>                          | <b>\$ _____</b>   |
| Entertainment                                    | \$ _____          |
| Monthly App Subscriptions                        | \$ _____          |
| Barber/Beauty Shop                               | \$ _____          |
| <i>Beer/Liquor/Wine</i>                          | \$ _____          |
| <i>Tobacco Products/Vape Products</i>            | \$ _____          |
| Fitness Center/Gym                               | \$ _____          |
| Pet Food/Care                                    | + \$ _____        |
| Child Care                                       | \$ _____          |
| <b>Total PROJECTED Expenses (C)</b>              | <b>≡ \$ _____</b> |
| <b><u>Other Expenses/Savings/Retirement:</u></b> |                   |
| Other/Savings/Retirement:                        | + \$ _____        |
| Other/Savings/Retirement:                        | \$ _____          |
| <b>Total Savings/Investments/Etc. (D)</b>        | <b>≡ \$ _____</b> |

## Box 7: Indebtedness

| Creditor/Bank/Credit Union | Loan Type | Balance | Minimum Monthly Payment | PROJECTED Monthly Payment | Comments: | Annual Percentage Rate (%) |
|----------------------------|-----------|---------|-------------------------|---------------------------|-----------|----------------------------|
|                            |           |         |                         |                           |           |                            |
|                            |           |         |                         |                           |           |                            |
|                            |           |         |                         |                           |           |                            |
|                            |           |         |                         |                           |           |                            |
|                            |           |         |                         |                           |           |                            |
| <b>Totals:</b>             |           |         |                         |                           |           |                            |

## Box 8: Action Plan Part II

### Ways to Increase Income:

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### Ways to Decrease Expenses:

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### Ways to Decrease Debt:

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