

Client Name:	Enter your name here
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Progress Checklist			
Task Number	Task	Target Date	Date Completed
1	Watch the RFL Financial Planner Tutorials - https://got2givemore.com/tutorials_sp/		
2	Have a question? Ask our coaches on our FORUM - https://got2givemore.com/community-2/		
3	Write down short and long-term financial goals in Vision Casting section of PROGRESS CHECKLIST		
4	Track household expenses using an app, DAILY TRACKING , or paper/pencil		
5	Complete your NET WORTH statement		
6	Complete your INCOME statement		
7	Create a debt elimination plan (MM2) using MILE MARKER GOALS		
8	Develop a monthly HOUSEHOLD SPENDING PLAN		
9	Create a giving plan on the HOUSEHOLD SPENDING PLAN tab		
10	Track your spending against your plan. DAILY TRACKER		
11	Fund Mile Marker 1: Cash reserve of one months' expenses in bank account in MILE MARKER GOALS		
12	Fund Mile Marker 3: Life Fund of 3 – 9 months' expenses in separate bank account in MILE MARKER GOALS		
13	Pull and review credit report - https://www.annualcreditreport.com		
14	Check status of Social Security Contributions and Benefits - https://www.ssa.gov/myaccount/		
15	Review life insurance policies (if applicable)		
16	Resolve a tax situation (if applicable)		
17	Develop a formal estate plan (will, trust, power of attorney, health care directive)		

VISION CASTING: Life & Financial Goals		Amount Needed	Target Completion Date
Short term = 1-5 years Intermediate term = 5-15 years Long term = over 15 years			
GOALS			
	\$	-	

Household W2 Income								
Name of Income Source:	Income Name	Income Name	Income Name	Income Name	Income Name	Income Name	Income Name	Income Name
Weekly = 52 Every Other Week = 26 Twice a Month = 24 Monthly = 12 Custom (ex: Annual = 1; Teacher = 10)								
Number of Paychecks per Year:					-			
NET take home Wages PER PAY CHECK								
Monthly NET Income (take home)	-	-	-	-	-	-	-	-
(HOUSEHOLD SPENDING PLAN) Total NET W2 Income per Month								
Employee Payroll Deductions per Paycheck								
								<small>NOTE: Deductions for informational purposes only. The amounts do not carry forward to the HHSP</small>
Retirement (401/403/Pension)								
Health Savings Account (HSA)								
Dependent Care Flexible Spending Account (DCFSA)								
Health Care Flexible Spending Account (FSA)								
Health Insurance								
Eye / Dental Insurance								
Life Insurance Self								
Life Insurance Spouse								
Long Term Disability Insurance								
Union Dues								
Profit Sharing/Stock Purchase								
Garnishments								
State Taxes								
Federal Taxes								
Social Security								
Other								
Critical Illness								

Other Income Worksheet	
<i>This section is for money you receive every month that is not payroll or from your business.</i>	
<i>Examples include: Alimony, Child Support, Friends, Family.</i>	
Other Monthly Income	
Source Name	Monthly \$
Total Monthly Other Income	-
(HOUSEHOLD SPENDING PLAN)	

FINANCIAL GOALS DASHBOARD		Amount Needed	Calculated Completion Date
MM2 Sort: Low Balance			
MILE 1	Fund your Cash Reserve Fund - 1 months' expenses in checking HINT: 1 months' expenses (Give+Live+Debt) = \$0 + 1 yr Periodic expenses = \$0 From HHSP x 12 = \$0	\$0	
MILE 2	Eliminate all consumer debt (non-mortgage)	\$0	
MILE 3	Fund your Life Fund 3 - 9 months' expenses in separate bank account. HINT: 3-9 months' expenses = \$0 - \$0 From HHSP	\$0	
MILE 4	Fund your Long Term Goals (house, college, retirement, etc.)	\$0	

Mile Marker Data Entry						
PLAN Date (HH SPENDING PLAN):		3/1/23	Mile Marker 2 Method:		Low Balance	<- Click here to select MM?
Debt (MM2) min monthly Payment:		\$0	Total Interest Paid:		\$0	
Initial Margin (HH SPENDING PLAN):		\$0	Monthly Interest Paid:		\$0	
Total Monthly Payment:		\$0				
Bonus Margin (PAYMENT PLAN)		\$0				
What-if Add'l Margin (PAYMENT PLAN)		<input type="text"/>				
	Savings Goal or Creditor Name	Balance	Annual Interest Rate (APR)	Minimum Payment	Custom Sort	Mile Marker
1	MM1 - Periodic Expense Fund					1
2	MM1 - Cash Reserve Fund					1
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TOTALS		-		0		

