



# Budget Worksheet

		AMOUNT
***All figures entered into the document should be on a monthly basis.		
<b>Income After Taxes:</b>	Self	
	Partner	
	Other Income	
	Other Income	
	<b>TOTAL INCOME FROM ALL SOURCES</b>	
<b>Planned Savings:</b>	Savings Accounts	
	IRA Contributions	
	Goal Savings Accounts (Home, Vacation, Education, etc.)	
	Investment Savings	
	Other Savings Expenses	
	Other Savings Expenses	
	<b>TOTAL TOWARDS SAVINGS</b>	
<b>Housing Expenses:</b>	Mortgage	
	Rent	
	Homeowners/Rental Insurance	
	Property Taxes	
	Electric/Gas	
	Water/Sewage/Utilities	
	Telephone	
	Cell Phone	
	Internet	
	Cable/Satellite	
	Home Repairs	
	Condo/Home Owner Association Fees	
	Other Housing Expenses	
	<b>TOTAL EXPENSES FOR HOUSING</b>	



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Vehicle Expenses:		
Monthly Payment		
Insurance Premiums		
Registration		
Oil Changes		
Tire Rotation		
Gas		
Repairs		
Parking Fees		
Car Wash		
Other Vehicle Expenses		
<b>TOTAL EXPENSES FOR VEHICLES</b>		
Other Loan Expenses:		
Credit Card Payments		
Credit Card Payments		
Credit Card Payments		
Credit Card Payments		
Credit Card Payments		
Student Loan Payments		
Student Loan Payments		
Personal Loan Payments		
Payday Loan Payments		
Other Loan Payments		
Other Loan Payments		
<b>TOTAL MONTHLY PAYMENTS FOR LOANS</b>		



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<b>Living Expenses:</b>	Groceries	
	Dining Out / Lunches (Work/School)	
	Child Care	
	Child Expenses (Diapers, Formula, Clothing, Allowances)	
	Clothing	
	Personal Care (Laundry, Beauty, Barber)	
	Pet Expenses (Vet, Food, Grooming, Accessories)	
	Travel	
	Subscriptions (Magazines or Newspapers)	
	School Expenses (Books, Classes, Supplies)	
	Gifts (Birthdays, Holidays )	
	Church and/or Charitable Giving	
	Entertainment (Movies, Concerts, Theater)	
	Sports Fees	
	Other Living Expenses	
	<b>TOTAL DAY-TO-DAY EXPENSES</b>	

<b>Insurance/ Medical Expenses:</b>	Life Insurance Premiums (non-payroll)	
	Medical Insurance Premiums (non-payroll)	
	Dental Insurance Premiums (non-payroll)	
	Co-Payments	
	Prescriptions	
	Other Insurance or Medical Expenses	
	Other Insurance or Medical Expenses	
	<b>TOTAL EXPENSES FOR INSURANCE AND MEDICAL</b>	

	<b>TOTAL EXPENSES FROM WORKSHEET</b>	
	Total Income	
	Total Expenses from Worksheet	
	<b>NET INCOME FOR THE MONTH</b>	