Budget Worksheet



***All figures entered into	the document should be on a monthly basis.	AMOUNT
Income After Taxes:	Yourself	
	Spouse	
	Other Income	
	Other Income	
	TOTAL INCOME FROM ALL SOURCES	\$
		•
Planned Savings:	Savings Accounts	
	IRA Contributions	
	Goal Savings Accounts (Home, Vacation, Education, etc.)	
	Investment Savings	
	Other Savings Expenses	
	Other Savings Expenses	
	TOTAL TOWARDS SAVINGS	\$
Housing Expenses:	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	
	TOTAL EXPENSES FOR HOUSING	\$
Vehicle Expenses:	Loan Payments for Vehicle #1	
	Loan Payments for Vehicle #2	
	Insurance Premiums	
	Oil Changes	
	Gas	
	Car Repairs	
	Public Transportation	
	Other Vehicle Expenses	
	Other Vehicle Expenses	
	TOTAL EXPENSES FOR VEHICLES	\$

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OTAL MONTHLY PAYMENTS FOR LOANS	\$
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ning Out / Lunches (Work/School)	
ild Care	
ild Expenses (Diapers, Formula, Clothing, Allowances)	
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rsonal Care (Laundry, Beauty, Barber)	
t Expenses (Vet, Food, Grooming, Accessories)	
avel	
bscriptions (Magazines or Newspapers)	
hool Expenses (Books, Classes, Supplies)	
OTAL DAY-TO-DAY EXPENSES	\$
e Insurance Premiums (non-payroll)	
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TAL EXPENSES FOR INSURANCE AND MEDICAL	\$
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