

Budget Worksheet

Monthly Income. Enter your net (after taxes) income from all sources. For income received infrequently, such as bonuses or tax returns, calculate the annual income, than divide by 12 to find the monthly amount.

| Income Source | You | Your Spouse |
|------------------------------|-----|-------------|
| Job | | |
| Part-time Job | | |
| Rental/room & board received | | |
| Commissions/bonuses | | |
| Tax refunds | | |
| Investment income | | |
| Government Benefits | | |
| Unemployment insurance | | |
| Child support/alimony | | |
| Support from family/friends | | |
| Other | | |
| Total Monthly Income | | |



Monthly Expenses. Since many expenses are variable, such as utilities and groceries, it is important to average these expenses. Other expenses are periodic (such as insurance or vehicle registration). Again, calculate the annual amount and divide by 12.

| Category | Expense | Average per Month | Goal per Month |
|--|--|----------------------|-------------------|
| HOUSING | Rent/Mortgage | | |
| | 2 nd Mortgage/Home Equity | | |
| | Homeowner's/Renter's Insurance | | |
| | Condo Fees/HOA Dues | | |
| | Home Maintenance | | |
| | Gas/Electric | | |
| | Water/Sewer/Garbage | | |
| | Telephone | | |
| FOOD | Groceries/Household items | | |
| FOOD | At work/school | | |
| INSURANCE (exclude payroll | Health/Dental/Vision | | |
| deducted amounts) | Life/Disability | | |
| | Doctor/Chiropractor | | |
| MEDICAL CARE (exclude payroll | Optometrist/Lenses | | |
| deducted amounts) | Dentist/Orthodontist | | |
| | Prescriptions | | |
| | Car Payment #1 | | |
| | Car Payment #2 | | |
| TD ANS DODTATION (surely also | Auto Insurance | | |
| TRANSPORTATION (exclude payroll deducted amounts) | Registration | | |
| | Gas/Oil | | |
| | Maintenance/Repairs | | |
| | Public Transportation/ Tolls/Parking | | |
| CHILD CARE (exclude payroll | Day Care | | |
| deducted amounts) | Child Support/Alimony | | |
| SAVINGS | Emergency | | |
| SAVINGS | Goals | | |
| INCOME TAXES | Prior Year | | |
| INCOME TAXES | Estimated Tax payments (self-employed) | | |
| | Loan Payment | | |
| UNSECURED DEBT | Credit Card #1 | | |
| | Credit Card #2 | | |
| | Credit Card #3 | | |
| | Credit Card #4 | | |



| Category | Expense | Average per Month | Goal per Month |
|---------------------------------|-----------------------------|----------------------|-------------------|
| PERSONAL | Beauty/Barber | | |
| | Clothing/Jewelry | | |
| | Cosmetics/Manicure | | |
| ENTERTAINMENT | Cable/Satellite | | |
| | Movies/concert/Theater | | |
| | Books/Magazine | | |
| | CD/Videos/DVD | | |
| | Dining Out | | |
| | Sports/Hobbies | | |
| | Vacation/Travel | | |
| MISCELLANEOUS | Banking Fees | | |
| | Laundry | | |
| | Union Dues | | |
| | Internet Service | | |
| | Pet Care | | |
| | Gift for Holidays/Birthdays | | |
| | Cell Phone | | |
| | Postage | | |
| | Cigarettes/Alcohol | | |
| | Charitable Contributions | | |
| | Other | | |
| Total Monthly Expenses (include | totals from previous page) | | |

Bottom Line. Once you have determined the total of your take-home pay and expenses, you are ready to determine your bottom line. Subtract the total of all expenses including debt payments from your net income. If the result is a positive number, you can add the extra money to your savings to reach your goals sooner. If your expenses exceed your income, you'll need to make some adjustments to bring your finance back into balance.

| Total Monthly Income | Total Monthly Expenses | Bottom Line |
|----------------------|------------------------|-------------|
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