

TAKE HOME PAY

GIVING

SPENT

BUDGETED

Church

Charity

TOTAL

SAVING

SPENT

BUDGETED

Emergency Fund

Sinking Fund

Other _____

TOTAL

HOUSING

SPENT

BUDGETED

First Mortgage/Rent

Second Mortgage

Real Estate Taxes

Repairs/Maint.

Association Dues

TOTAL

UTILITIES

SPENT

BUDGETED

Electricity

Gas

Water

Trash

Phone/Mobile

Internet

Cable

TOTAL

FOOD

SPENT

BUDGETED

Groceries

Restaurants

TOTAL

CLOTHING

SPENT

BUDGETED

Adults

Children

Cleaning/Laundry

TOTAL

TRANSPORTATION

SPENT

BUDGETED

Gas & Oil

Repairs & Tires

License & Taxes

Car Replacement

Other

TOTAL

HEALTH

SPENT

BUDGETED

Medications

Doctor Bills

Dentist

Optometrist

Vitamins

Other _____

Other _____

TOTAL

INSURANCE

SPENT

BUDGETED

Life	_____	_____
Health	_____	_____
Homeowner/Renter	_____	_____
Disability	_____	_____
Auto	_____	_____
Other	_____	_____

TOTAL

PERSONAL

SPENT

BUDGETED

Childcare	_____	_____
Gym Membership	_____	_____
Toiletries	_____	_____
Hair/cosmetics	_____	_____
Education/Tuition	_____	_____
Subscriptions	_____	_____
Memberships	_____	_____
Gifts (incl. holidays)	_____	_____
Baby Supplies	_____	_____
Pet Food/Supplies	_____	_____
Miscellaneous	_____	_____
Fun Money	_____	_____
Other _____	_____	_____
Other _____	_____	_____
Other _____	_____	_____
Other _____	_____	_____
Other _____	_____	_____
Other _____	_____	_____

TOTAL

ENTERTAINMENT

SPENT

BUDGETED

Books/music	_____	_____
Vacation	_____	_____
Other _____	_____	_____
Other _____	_____	_____

TOTAL

DEBTS

SPENT

BUDGETED

Car Loan 1	_____	_____
Car Loan 2	_____	_____
Credit Card 1	_____	_____
Credit Card 2	_____	_____
Credit Card 3	_____	_____
Credit Card 4	_____	_____
Student Loan 1	_____	_____
Student Loan 2	_____	_____
Medical	_____	_____
Other _____	_____	_____
Other _____	_____	_____
Other _____	_____	_____
Other _____	_____	_____

TOTAL

INCOME

\$ _____

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TOTALS FROM EACH CATEGORY

\$ _____

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This number should be ZERO!

\$ _____