



Month of \_\_\_\_\_

# Budget Worksheet

	Budget	Actual	Save/(Loss)	Notes
<b>Income</b>				
Income 1 (After Tax)				
Income 2 (After Tax)				
Alimony/Child Support				
Investment Income				
Other				
TOTAL Income				
<b>Expenses</b>				
<b>Housing</b>				
Mortgage/Rent				
Condo/Association Fees				
Property Taxes				
Insurance				
Repairs/Maintenance				
Other				
TOTAL Housing				
<b>Utilities</b>				
Gas				
Electric				
Water				
Phone				
TV				
Internet				
Trash/Sewer				
Other				
TOTAL Utilities				
<b>Transportation</b>				
Vehicle 1 Loan				
Vehicle 2 Loan				
Vehicle 3 Loan				
Gas				
Maintenance/Repairs				
Insurance				
Parking/Tolls				
Mass Transit				
Other				
TOTAL Transportation				
<b>Food</b>				
Groceries				
Dining Out				
Snacks				
School Lunches				
Other				
TOTAL Food				
<b>Children</b>				
Child Care				
College Savings/Tuition				
Supplies				
Extracurricular				
Other				
TOTAL Children				

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## Expenses

**Personal**

Clothing				
Haircuts				
Dry Cleaning/Laundry				
Other				
TOTAL Personal				

**Health**

Medical Insurance				
Dental Insurance				
Vision Insurance				
Doctor Bills				
Dental/Orthodontist Bills				
Ophthalmologist Bills				
Prescriptions				
Disability Insurance				
Long Term Care Insurance				
Other				
TOTAL Health				

**Entertainment**

Movies/Concerts				
Books				
Music				
Movie Rentals				
Club/Gym Dues				
Vacation/Travel				
Newspaper/Magazines				
Other				
TOTAL Entertainment				

**Miscellaneous**

Pets				
Church/Charity				
Gifts				
Other				
Life Insurance				
TOTAL Miscellaneous				

**Credit Cards/Loans**

Student Loan Payment				
Other Loan Payment				
Credit Card 1 Payment				
Credit Card 2 Payment				
TOTAL Credit Cards/Loans				

**Savings and Investments**

Retirement Plan				
IRA				
Non-retirement investments				
TOTAL Savings and Inv.				

TOTAL Expenses

Reset Form