



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

# Budget Worksheet

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

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# Budget Worksheet

Expenses				
<b>Personal</b>				
Clothing				
Haircuts				
Dry Cleaning/Laundry				
Other				
TOTAL Personal				
<b>Health</b>				
Medical Insurance				
Dental Insurance				
Vision Insurance				
Doctor Bills				
Dental/Orthodontist Bills				
Ophthalmologist Bills				
Prescriptions				
Disability Insurance				
Long Term Care Insurance				
Other				
TOTAL Health				
<b>Entertainment</b>				
Movies/Concerts				
Books				
Music				
Movie Rentals				
Club/Gym Dues				
Vacation/Travel				
Newspaper/Magazines				
Other				
TOTAL Entertainment				
<b>Miscellaneous</b>				
Pets				
Church/Charity				
Gifts				
Other				
Life Insurance				
TOTAL Miscellaneous				
<b>Credit Cards/Loans</b>				
Student Loan Payment				
Other Loan Payment				
Credit Card 1 Payment				
Credit Card 2 Payment				
TOTAL Credit Cards/Loans				
<b>Savings and Investments</b>				
Retirement Plan				
IRA				
Non-retirement investments				
TOTAL Savings and Inv.				
TOTAL Expenses				

[Reset Form](#)