

MY BUDGET PLAN Month: _____

GROSS INCOME	Required		Payments/ Expenses	Reality Check
What I earn		Me _____		
		Partner _____		
Other Income		_____		
Child Support		_____		
Government Check		_____		
Gifts		_____		
Income Total		\$ _____		\$ _____
DEDUCTIONS				
Federal tax			_____	
State tax			_____	
Local tax			_____	
Health insurance			_____	
Medicare			_____	
Retirement contribution			_____	
Other deductions			_____	
My Deductions Total			\$ _____	\$ _____
NET INCOME				
What I take home		Me _____		
		Partner _____		
Total take home		\$ _____		
EXPENSES				
Housing				
Rent			_____	
Mortgage			_____	
Equity loan			_____	
Second mortgage			_____	
Home owners' association			_____	
Taxes (not in payment)			_____	
Insurance (not in payment)			_____	
Other housing			_____	
Total Housing			\$ _____	\$ _____
Utilities				
Electricity (average per month)			_____	
Gas (average per month)			_____	
Water (average per month)			_____	
Heating oil/propane (average)			_____	
Garbage collection			_____	
Sewage			_____	
Other utilities			_____	
Total Utilities			\$ _____	\$ _____
Home Maintenance				
Lawn care			_____	
Pool care			_____	
Pest control			_____	
Plumbing			_____	
Structure repair			_____	
Other repair			_____	
Cleaning supplies			_____	
Cleaning services			_____	
Total Home Maintenance			\$ _____	\$ _____

Transportation

Vehicle payment 1	_____	
Vehicle payment 2	_____	
Gasoline	_____	
Tags/registration (divided by 12)	_____	
Repair/ maintenance	_____	
Parking	_____	
Bus/train fare	_____	
Air fare	_____	
Auto insurance	_____	
Other transportation	_____	
Total Transportation	\$ _____	\$ _____

Food

Groceries	_____	
School lunches	_____	
Work lunches	_____	
Snacks	_____	
Meals out	_____	
Prepared foods	_____	
Other food	_____	
Total Food	\$ _____	\$ _____

Clothing

Uniforms	_____	
Shoes	_____	
Children's clothing	_____	
Men's clothing	_____	
Women's clothing	_____	
Other clothing	_____	
Total Clothing	\$ _____	\$ _____

Childcare

Child support	_____	
Payments to caregivers	_____	
Other childcare	_____	
Total Childcare	\$ _____	\$ _____

Legal fees

Alimony	_____	
Restitution	_____	
Professional services	_____	
Other legal fees	_____	
Total Legal Fees	\$ _____	\$ _____

Medical

Health insurance (not withheld)	_____	
Physician visits	_____	
Hospital stays	_____	
Prescriptions	_____	
Dentists	_____	
Eye exams	_____	
Glasses/contacts	_____	
Therapists	_____	
Chiropractors	_____	
Vitamins and supplements	_____	
Other medical	_____	
Total Medical	\$ _____	\$ _____

Education

Tuition _____

Fees, supplies _____

Other education _____

Total Education

\$ _____ \$ _____

Communications

Home phone _____

Cell phones _____

Internet _____

Other communications _____

Total Communication

\$ _____ \$ _____

Entertainment

Movies _____

Cable TV _____

Concerts _____

Sports events _____

Fitness memberships _____

Hobbies _____

Travel _____

Other entertainment _____

Total Entertainment

\$ _____ \$ _____

Gifts and Donations

Holiday gifts (divided by 12) _____

Birthday gifts (divided by 12) _____

Church donations _____

Charity donations _____

Weddings, anniversaries, etc. _____

Collections at work, etc. _____

Other gifts and donations _____

Total Gifts and Donations

\$ _____ \$ _____

Debt Service

Credit card payments _____

Tax debt payments _____

Personal loan payments _____

Furniture payments _____

Student loans _____

Other debt service _____

Total Debt Service

\$ _____ \$ _____

Personal

Hair _____

Nails _____

Massages _____

Tobacco _____

Toiletries _____

Other personal _____

Total Personal

\$ _____ \$ _____

Pets

Food

Medical care

Grooming

Insurance

Training

Toys and treats

Total Pets

\$ _____ \$ _____

Miscellaneous

Life insurance

Bank fees

Work expenses

Storage fees

Other Miscellaneous

Total Miscellaneous

\$ _____ \$ _____

Savings

Emergency

Retirement

Education

Vacation

Other savings

Total Savings

\$ _____ \$ _____

Total Expenses

(Subtract from Take Home Income)

\$ _____ \$ _____

WHAT'S LEFT?

\$ _____

\$ _____