









Actual Monthly Spending

1.	Income	\$ 	
	Income #1	\$ _____	Monthly gross - before taxes
	Income #2	\$ _____	Monthly gross - before taxes
	Other	\$ _____	Rental, investment
2.	Giving	\$ 	10%
	Church	\$ _____	
	Other	\$ _____	
3.	Saving	\$ 	10%
	Emergency	\$ _____	
	Retirement	\$ _____	401-K, 403b, IRA
	College	\$ _____	
4.	Taxes	\$ 	20%
	Federal	\$ _____	Use actual amount from pay stub
	State	\$ _____	Use actual amount from pay stub
	Social Security	\$ _____	Use actual amount from pay stub
	Medicare	\$ _____	Use actual amount from pay stub
5.	Debt	\$ 	10%
	IRS	\$ _____	
	Credit Card #1	\$ _____	3% of balance paid monthly (CCCS)
	Credit Card #2	\$ _____	Minimum monthly payment
	Credit Card #3	\$ _____	Minimum monthly payment
	Credit Card #4	\$ _____	Minimum monthly payment
	Credit Card #5	\$ _____	Minimum monthly payment
	Car #1	\$ _____	Minimum monthly payment
	Car #2	\$ _____	Minimum monthly payment
	Student Loans	\$ _____	Minimum monthly payment
	Other	\$ _____	Minimum monthly payment
6.	Housing	\$ 	
	Mortgage/Rent	\$ _____	
	Home Insurance	\$ _____	May be part of home mortgage
	Property Taxes	\$ _____	May be part of home mortgage
	Maintenance	\$ _____	
	Electricity	\$ _____	Average for 12 months
	Gas	\$ _____	Average for 12 months
	Water	\$ _____	Average for 12 months



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	Trash	\$ <input type="text"/>	
	Phone	\$ <input type="text"/>	
	Association Dues	\$ <input type="text"/>	Average for 12 months.
7.	Transportation	\$ <input type="text"/>	
	Auto Insurance	\$ <input type="text"/>	Average for 12 months
	Registration/License	\$ <input type="text"/>	Average for 12 months
	Gasoline	\$ <input type="text"/>	
	Toll & Parking	\$ <input type="text"/>	
	Oil & Maintenance	\$ <input type="text"/>	
	Other	\$ <input type="text"/>	
8.	Insurance	\$ <input type="text"/>	
	Health	\$ <input type="text"/>	
	Dental	\$ <input type="text"/>	
	Life	\$ <input type="text"/>	
	Disability	\$ <input type="text"/>	
	Other	\$ <input type="text"/>	
9.	Food & Household	\$ <input type="text"/>	Groceries/household items you would buy at
10.	Health	\$ <input type="text"/>	
	Fitness	\$ <input type="text"/>	Gym, Sports Leagues
	Medical Expenses	\$ <input type="text"/>	Doctor, dentist, chiropractor, prescriptions
	Counselor	\$ <input type="text"/>	
	Other	\$ <input type="text"/>	
11.	Personal	\$ <input type="text"/>	
	Child Care	\$ <input type="text"/>	
	Education	\$ <input type="text"/>	Tuition & supplies (books, uniforms, etc.)
	Beauty & Barber	\$ <input type="text"/>	Haircuts, nails and the spa
	Clothes	\$ <input type="text"/>	
	Household Décor	\$ <input type="text"/>	Furniture, decor, home improvements
	Cell Phone	\$ <input type="text"/>	
	Gifts	\$ <input type="text"/>	Christmas, birthday, anniversary
	Cleaning	\$ <input type="text"/>	Dry cleaning, laundry, house cleaning
	Financial Services	\$ <input type="text"/>	Tax prep, software, financial planning
	Security System	\$ <input type="text"/>	
	Pest Control	\$ <input type="text"/>	



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	Landscaping	\$ _____	Lawn service, plants, lawn care supplies
	Pets	\$ _____	Food and care
	Other	\$ _____	
12.	Entertainment	\$	
	Vacation	\$ _____	Family trips, summer activities
	Eating Out	\$ _____	
	Events	\$ _____	Movies, theater, shows
	Reading	\$ _____	Books, magazines, newspaper
	TV	\$ _____	Cable, satellite, TiVO, rentals, equipment
	Technology	\$ _____	Computer, peripherals, software, PDA
	Internet	\$ _____	DSL, cable modem, dial-up
	Music	\$ _____	iPod, albums, downloads, satellite radio
	Other	\$ _____	
13.	Cash	\$	
	MARGIN	\$	

If negative, reduce expenses starting from the bottom and working up. If positive, roll into giving or saving.