Budget Worksheet

Essential Expenses (needs)

CATEGORY	EXPENSE	AVERAGE PER MONTH (How much I really spend)	GOAL PER MONTH (How much I should spend)
	Rent/Mortgage		
	2nd Mortgage/Equity Line		
	Homeowner's/Renter's Insurance		
	Condo Fees/HOA Dues		
Housing	Home Maintenance		
110031119	Landscaping/Pool Maintenance		
	Gas/Electric		
	Water/Sewer/Garbage		
	Internet/Cable/Satellite		
	Phone		
	Groceries/Household Items		
Food	At Work/School		
Insurance	Health/Dental/Vision		
(exclude payroll deducted amounts)	Life/Disability		
	Doctor		
Medical Care	Optometrist/Glasses/Contact Lenses		
(exclude payroll deducted amounts)	Dentist/Orthodontist		
	Prescriptions		
	Vehicle Payment #1		
	Vehicle Payment #2		
	Auto Insurance		
Transportation (exclude payroll deducted amounts)	Registration		
,	Gasoline/Oil		
	Maintenance/Repairs		
	Public Transportation/Parking		
Child Care	Daycare/School		
(exclude payroll deducted amounts)	Child Support/Alimony		
	Federal/State Tax Repayment		
Income Taxes	Estimated Tax Payments (Self-Employed)		
	Emergency		
Savings	Goals		
	Retirement		
TOTAL ESSENTIAL EXPENSE	ES .		

Discretionary Expenses (wants)

CATEGORY	EXPENSE	AVERAGE PER MONTH (How much I really spend)	GOAL PER MONTH (How much I should spend)
D 1	Cosmetics /Manicure		
Personal	Clothing /Accessories		
	Movies/Concerts/Theater		
Entertainment	Music		
	Electronics		
	Dining Out		
	Sports/Hobbies		
	Vacation/Travel		
	Tuition/Lessons		
	Pet Care		
Miscellaneous	Holiday/Birthday/Gifts		
	Cigarettes/Alcohol		
	Charity/Religious Contributions		
	Other		
	Other		
TOTAL DISCRETIONARY EXPENSES			

Net Monthly Income (After-taxes)

SOURCE	YOURS	SPOUSE/PARTNER
Job/Self-employment		
Retirement/Pension		
Other		
TOTAL MONTHLY INCOME		

Unsecured Debt List all debts except auto loans and mortgages.

CREDITOR NAME	INTEREST RATE	MONTHLY PAYMENT	BALANCE
1			
2			
3			
4			
5			

Bottom Line

MONTHL'		TOTAL ESSENTIAL EXPENSES	MINUS	TOTAL DISCRETIONARY EXPENSES	MINUS	TOTAL DEBT PAYMENT	EQUALS	BALANCE
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