

**MY BUDGET PLAN**    Month: \_\_\_\_\_

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

**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	_____	
<b>Total Transportation</b>	<b>\$ _____</b>	<b>\$ _____</b>

**Food**

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

**Clothing**

Uniforms	_____	
Shoes	_____	
Children's clothing	_____	
Men's clothing	_____	
Women's clothing	_____	
Other clothing	_____	
<b>Total Clothing</b>	<b>\$ _____</b>	<b>\$ _____</b>

**Childcare**

Child support	_____	
Payments to caregivers	_____	
Other childcare	_____	
<b>Total Childcare</b>	<b>\$ _____</b>	<b>\$ _____</b>

**Legal fees**

Alimony	_____	
Restitution	_____	
Professional services	_____	
Other legal fees	_____	
<b>Total Legal Fees</b>	<b>\$ _____</b>	<b>\$ _____</b>

**Medical**

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

**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**

\$ \_\_\_\_\_ \$ \_\_\_\_\_

<b>Pets</b>		
Food	_____	
Medical care	_____	
Grooming	_____	
Insurance	_____	
Training	_____	
Toys and treats	_____	
<b>Total Pets</b>	<b>\$ _____</b>	<b>\$ _____</b>
<b>Miscellaneous</b>		
Life insurance	_____	
Bank fees	_____	
Work expenses	_____	
Storage fees	_____	
Other Miscellaneous	_____	
<b>Total Miscellaneous</b>	<b>\$ _____</b>	<b>\$ _____</b>
<b>Savings</b>		
Emergency	_____	
Retirement	_____	
Education	_____	
Vacation	_____	
Other savings	_____	
<b>Total Savings</b>	<b>\$ _____</b>	<b>\$ _____</b>
<b>Total Expenses</b>		
<b>(Subtract from Take Home Income)</b>	<b>\$ _____</b>	<b>\$ _____</b>
<b>WHAT'S LEFT?</b>	<b>\$ _____</b>	<b>\$ _____</b>