

Budgeting Worksheet



List all income (include salary, commissions, bonuses, tips, benefits, alimony, child support, retirement, investment, interest income, or any other income you receive).

Description	Amount Earned	After Tax/Actual	Description	Amount Earned	After Tax/Actual
Salary/Wages	\$	\$	Social Security	\$	\$
Military Pay	\$	\$	Pension Plan	\$	\$
Commissions	\$	\$	Retirement (401K/IRA)	\$	\$
Bonuses	\$	\$	Dividends (investments)	\$	\$
Tips	\$	\$	Interest Income	\$	\$
Real Estate (rent)	\$	\$	Alimony/Child Support	\$	\$
Food Stamps	\$	\$	Unemployment	\$	\$
Royalties	\$	\$	Gifts (gift cards or cash)	\$	\$
Business Income	\$	\$	Other Income	\$	\$
Savings (asset)	\$	\$	Emergency Fund (asset)	\$	\$
TOTAL INCOME				\$	\$

List all debts and expenses (include everything you owe, fixed debt, credit cards, loans, past due bills, late fees, minimum payment due, money owed friends or family, and monthly living expenses. Break down annual expenses to monthly).

Monthly Fixed Debt	Budgeted Amount	Actual Amount	Monthly Credit Debt	Budgeted Amount	Actual Amount
Rent (home/apartment)	\$	\$	Credit Card	\$	\$
1st Mortgage/Taxes/Insurance	\$	\$	Credit Card	\$	\$
2nd Mortgage/Taxes/Insurance	\$	\$	Credit Card	\$	\$
Trailer Park Space Rent	\$	\$	Credit Card	\$	\$
Auto Loans/Leases	\$	\$	Alimony/Child Support	\$	\$
Boats, Trailers, etc.	\$	\$	Medical/Dental Bills	\$	\$
Student Loans	\$	\$	Installment Loans	\$	\$
Past-Due Taxes	\$	\$	Personal Loans	\$	\$
Real Estate Taxes	\$	\$	Other Unsecured Loan	\$	\$
TOTAL DEBT				\$	\$

Monthly Living Expenses

Month: _____

Monthly living expenses: If you are struggling to make ends meet, look at areas you can put on hold or cancel. If you find you have a monthly deficit on a regular basis, seek the help of a credit counseling agency to help you reduce expenses and create a workable budget for you and your family.

Household Expenses

Description	Budgeted Amount	Actual Amount	Description	Budgeted Amount	Actual Amount
Homeowner Dues	\$	\$	Cable TV/Satellite	\$	\$
Home Owner/Renter Insurance	\$	\$	Telephone (home, cell)	\$	\$
Utilities (electric/gas)	\$	\$	Home Repairs	\$	\$
Garbage	\$	\$	Gardener/Pool/Alarm Services	\$	\$
Water	\$	\$	Furniture/Decorating	\$	\$
Internet Service	\$	\$	Household Items	\$	\$
Other	\$	\$	Other	\$	\$
SUB TOTAL				\$	\$

Food and Groceries

Description	Budgeted Amount	Actual Amount	Description	Budgeted Amount	Actual Amount
Groceries	\$	\$	Meals Out	\$	\$
Snacks	\$	\$	Other	\$	\$
SUB TOTAL				\$	\$

Medical Expenses

Description	Budgeted Amount	Actual Amount	Description	Budgeted Amount	Actual Amount
Medical Visits	\$	\$	Prescriptions	\$	\$
Eye Care	\$	\$	Dental	\$	\$
Health Insurance	\$	\$	Eye/Dental Insurance	\$	\$
Life/Disability Insurance	\$	\$	Medical Supplies	\$	\$
Other	\$	\$	Other	\$	\$
SUB TOTAL				\$	\$

Transportation Expenses

Description	Budgeted Amount	Actual Amount	Description	Budgeted Amount	Actual Amount
Auto Gas/Maintenance	\$	\$	Recreation Toys Maintenance	\$	\$
Auto Repair	\$	\$	Recreation Toys Repair	\$	\$
DMV Registration/License	\$	\$	Other	\$	\$
SUB TOTAL				\$	\$

Clothing Expenses

Description	Budgeted Amount	Actual Amount	Description	Budgeted Amount	Actual Amount
Laundry	\$	\$	Dry Cleaning (uniforms)	\$	\$
Clothes	\$	\$	Footwear	\$	\$
Accessories (hat, glasses)	\$	\$	Other	\$	\$
SUB TOTAL				\$	\$

Monthly Living Expenses (Continued)

Child Expenses

Description	Budgeted Amount	Actual Amount	Description	Budgeted Amount	Actual Amount
Child Care	\$	\$	Child Activities	\$	\$
Tuition	\$	\$	School Supplies	\$	\$
Other	\$	\$	Other	\$	\$
SUB TOTAL				\$	\$

Entertainment and Travel Expenses

Description	Budgeted Amount	Actual Amount	Description	Budgeted Amount	Actual Amount
Airfare	\$	\$	Lodging	\$	\$
Movies/Theaters/Museums	\$	\$	Subscriptions	\$	\$
Health Club Membership	\$	\$	Hobbies	\$	\$
Vacations	\$	\$	Holidays	\$	\$
Other	\$	\$	Other	\$	\$
SUB TOTAL				\$	\$

Contributions/Charities/Gifts

Description	Budgeted Amount	Actual Amount	Description	Budgeted Amount	Actual Amount
Church Tithes	\$	\$	Charities	\$	\$
Political Support	\$	\$	Gifts	\$	\$
Other	\$	\$	Other	\$	\$
SUB TOTAL				\$	\$

Miscellaneous

Description	Budgeted Amount	Actual Amount	Description	Budgeted Amount	Actual Amount
Personal Care (hair/nails)	\$	\$	Pet Care	\$	\$
Political Support	\$	\$	Pet Insurance	\$	\$
Other	\$	\$	Pet Food/Toys	\$	\$
SUB TOTAL				\$	\$

SUMMARY OF BUDGET

	Budgeted Amount	Actual Amount
Total Take-Home Income	\$	\$
Minus	minus	
Secured and Unsecured Debts	\$	\$
Living Expenses	\$	\$
LEFTOVER INCOME (DISPOSABLE) (Take-Home Income – Debts & Living Expenses)		\$