

Printable PDF forms - The Budget Kit

The following pages contain the full-size worksheets in printable 8.5" x 11" PDF.

NET WORTH STATEMENT

Date Completed _____

ASSETS—WHAT YOU OWN

	Amount
Cash: On Hand	_____
Checking Accounts	_____
Savings Accounts	_____
Money Markets	_____
Other	_____
Real Estate/Property (current market value):	
Principal Residence	_____
Second Residence	_____
Land	_____
Income Property	_____
Other (business, partnerships, etc.)	_____
Investments (market value):	
Cash Value Life Insurance	_____
Certificates of Deposit	_____
U.S. Treasury Bills/Savings Bonds	_____
Stocks	_____
Bonds	_____
Mutual Funds	_____
College Fund (529 Plans, etc.)	_____
Limited Partnerships	_____
Annuities	_____
IRA—Regular/Roth	_____
Keogh/SEP Plans	_____
401(k), 403(b), or 457 Plans	_____
Pension Plan/Retirement Plans	_____
Other (stock options, bonuses, etc.)	_____
Personal Loans Receivable	_____
Personal Property (current market value):	
Cars, Trucks, Vehicles	_____
Recreational Vehicle/Watercraft	_____
Electronic Equipment	_____
Home Furnishings	_____
Home Entertainment	_____
Equipment/Tools	_____
Appliances and Furniture	_____
Collectibles/Antiques	_____
Jewelry and Furs	_____
Other:	_____
Total Assets	\$ _____

LIABILITIES—WHAT YOU OWE

	Amount
Current Debts:	
Household	_____
Medical	_____
Credit Card 1	_____
Credit Card 2	_____
Credit Card 3	_____
Department Store Cards	_____
Back Taxes (Federal, State, Property)	_____
Legal	_____
Child Support	_____
Alimony	_____
Other:	_____
Other:	_____
Mortgages:	
Principal Residence	_____
Second Residence	_____
Land	_____
Income Property	_____
Other:	_____
Other:	_____
Loans:	
Home Equity (HELOC)	_____
Bank/Finance Company	_____
Automobiles, Vehicles	_____
Recreational Vehicle/Watercraft	_____
Education/Student	_____
Life Insurance	_____
Personal (from family or friends)	_____
Retirement Accounts	_____
Thrift Savings Plan	_____
Other:	_____
Total Liabilities	\$ _____

Total Assets	-	Total Liabilities	=	Net Worth
\$ <input style="width: 100px;" type="text"/>		\$ <input style="width: 100px;" type="text"/>		\$ <input style="width: 100px;" type="text"/>

IDENTIFIED GOALS WORKSHEET

IMMEDIATE/SHORT-RANGE GOALS

Priority	Goal	Target Date	Cost Estimate	Amount Already Saved	How to Achieve (amount per month, second job, etc.)

MIDDLE- AND LONG-RANGE GOALS

Priority	Goal	Target Date	Cost Estimate	Amount Already Saved	How to Achieve (amount per month, second job, etc.)

GOALS SAVINGS RECORD

Goal: Roth IRA

Total Cost: 3,500

	JAN.	FEB.	MAR.	APR.	MAY	JUNE	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.	
Deposit	292	292	250	275	350	292	270	320	292	292	290	285	Monthly Avg. Deposit: 292
Balance	292	584	834	1,109	1,459	1,751	2,021	2,341	2,633	2,925	3,215	3,500	Total: 3,500

Goal:

Total Cost:

	JAN.	FEB.	MAR.	APR.	MAY	JUNE	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.	
Deposit													Monthly Avg. Deposit:
Balance													Total:

Goal:

Total Cost:

	JAN.	FEB.	MAR.	APR.	MAY	JUNE	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.	
Deposit													Monthly Avg. Deposit:
Balance													Total:

Goal:

Total Cost:

	JAN.	FEB.	MAR.	APR.	MAY	JUNE	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.	
Deposit													Monthly Avg. Deposit:
Balance													Total:

Goal:

Total Cost:

	JAN.	FEB.	MAR.	APR.	MAY	JUNE	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.	
Deposit													Monthly Avg. Deposit:
Balance													Total:

Goal:

Total Cost:

	JAN.	FEB.	MAR.	APR.	MAY	JUNE	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.	
Deposit													Monthly Avg. Deposit:
Balance													Total:

Goal:

Total Cost:

	JAN.	FEB.	MAR.	APR.	MAY	JUNE	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.	
Deposit													Monthly Avg. Deposit:
Balance													Total:

Goal:

Total Cost:

	JAN.	FEB.	MAR.	APR.	MAY	JUNE	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.	
Deposit													Monthly Avg. Deposit:
Balance													Total:

Goal:

Total Cost:

	JAN.	FEB.	MAR.	APR.	MAY	JUNE	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.	
Deposit													Monthly Avg. Deposit:
Balance													Total:

The formula for determining the monthly amount to save for each of your goals is:

Total cost of your goal ÷ Number of months left to date needed = Amount per month you need to save.

NEEDS/WANTS LIST

PARENTS

Date	Item	Need	Want	Source (store, catalog, Internet, other)	Cost

CHILDREN

Date	Item	Need	Want	Source (store, catalog, Internet, other)	Cost

SUGGESTION LIST—ADDITIONAL NON-MONTHLY EXPENSES

You can either complete this information here and then transfer it to the **Yearly Budget Worksheet** or use this as your guideline as you fill in the worksheet directly from these ideas.

Some of the expenses listed may be a monthly expense for you. If so, enter those expenses on the **Monthly Budget Worksheet**, *not here*. The focus of the **Yearly Budget Worksheet** is only on the *periodic, quarterly, semiannual, annual, and non-monthly* expenses to help you remember and anticipate them ahead of time.

	Description	Amount(s)	Months Due
Housing	Property Taxes	_____	_____
	Homeowners Insurance/Renter's Insurance	_____	_____
	Association/Condo Dues	_____	_____
	Storage/Garage/PO Box	_____	_____
	Yard/Garden Supplies/Equipment Repair	_____	_____
	Yard Service/Maintenance	_____	_____
	Pool Chemicals/Maintenance	_____	_____
	Pest/Termite Control	_____	_____
	Security System	_____	_____
	Home Improvement Projects	_____	_____
	Home Repairs/Maintenance	_____	_____
	Carpet Cleaning/Window Cleaning	_____	_____
	Dry Cleaning (drapes, bedding)	_____	_____
	Home Furnishings/Decorating	_____	_____
	Furniture/Appliances/Electronic Equipment	_____	_____
	Maintenance Agreements	_____	_____
Other _____	_____	_____	
Utilities (Non-Monthly)	Fuel/Propane	_____	_____
	Firewood	_____	_____
	Waste Management/Dumping Fees	_____	_____
	Water/Water Softener	_____	_____
	Other _____	_____	_____
Transportation	Vehicle #1 Insurance	_____	_____
	Vehicle #2 Insurance	_____	_____
	Boat/RV/Motorcycle Insurance & Expenses	_____	_____
	Emission Inspection	_____	_____
	License Renewal/Registration	_____	_____
	Oil Change/Tune-Up	_____	_____
	Other Maintenance and Repairs	_____	_____
	Other _____	_____	_____
Health	Other Insurance	_____	_____
	Medical Exams/Lab Tests	_____	_____
	Visits (sick kids, allergy, etc.)	_____	_____
	Physical Exam/School Physical	_____	_____
	Prescriptions	_____	_____
	Chiropractor	_____	_____
	Dermatologist	_____	_____
	Dental Exams/X-Rays/Cleanings	_____	_____
	Dental Work Needed	_____	_____
	Orthodontia	_____	_____
	Vision Exam/Glasses/Contacts	_____	_____
	Alternative Health Practitioners	_____	_____
	Vitamins/Supplements/Homeopathic	_____	_____
Other _____	_____	_____	
Insurance (Other)	Life/Umbrella Insurance	_____	_____
	Disability/Long-Term Care Insurance	_____	_____
	Other _____	_____	_____

	Description	Amount(s)	Months Due
Memberships	Church/Temple	_____	_____
	Country Club	_____	_____
	Credit Card Annual Fees	_____	_____
	Gym Annual Fees	_____	_____
	Organizations/Clubs	_____	_____
	Professional Dues/License	_____	_____
	Auto Club	_____	_____
	Sports	_____	_____
	Warehouse Clubs	_____	_____
	Other _____	_____	_____
Computer/ Electronics	Hardware/Software/Apps	_____	_____
	Upgrades/Printer Supplies	_____	_____
	Service/Maintenance	_____	_____
	Classes/Training/Assistance	_____	_____
Education (Adult)	Tuition	_____	_____
	Book/Supply Expenses	_____	_____
	Trade Journals/Magazines/Newspapers	_____	_____
	Workshops/Seminars/Speakers	_____	_____
	Other _____	_____	_____
Clothing (Adults and Children)	Work Clothes/Uniforms/Shoes	_____	_____
	Seasonal Clothes/Shoes/Jackets	_____	_____
	Sports Clothes/Special Events	_____	_____
	Dry Cleaning/Alterations/Shoe Repair	_____	_____
Recreation (Adults)	Parties	_____	_____
	Concerts/Sports Events/Season Tickets	_____	_____
	Fees: Permits/Tournament/League	_____	_____
	Hobbies/Sports Equipment/Lessons	_____	_____
	Boat/Plane Storage	_____	_____
	Other _____	_____	_____
Vacation/Trips	Transportation	_____	_____
	Lodging/Meals/Snacks	_____	_____
	Sights/Activities/Theater/Galleries	_____	_____
	Shopping/Souvenirs/Film & Processing	_____	_____
Children/ Elder Care	Tuition/College Expenses	_____	_____
	School Supplies/Tutors/Uniform	_____	_____
	Photos/Yearbooks/Class Ring/Letter Jacket	_____	_____
	Prom/Homecoming (flowers, hair, dinner, etc.)	_____	_____
	Field Trips/Contests/Expos/Fund-Raising/Fairs	_____	_____
	Camp Registration/Supplies	_____	_____
	Sports Equip./Fees/Clinics/Season End	_____	_____
	Music Lessons/Equipment/Recitals/Costumes	_____	_____
	Nursing Home/Health Aide	_____	_____
	Other _____	_____	_____
Pets	Pet Food/Toys	_____	_____
	Grooming/Pet Hotel/Day Care/Sitter	_____	_____
	Vet Expense/Shots/Rx/Dental/Other	_____	_____
	Training/License	_____	_____
Misc.	Donations/Contributions	_____	_____
	Tax Preparation	_____	_____
	Taxes Due/Estimated Taxes	_____	_____
	Retirement Savings (IRA)	_____	_____

YEARLY BUDGET WORKSHEET

(Non-Monthly Anticipated Expenses)

SAMPLE

FIXED AND ESTIMATED NON-MONTHLY EXPENSES

	JAN.	FEB.	MAR.	APR.	MAY	JUNE	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.	TOTAL	MO. AVG.	
Housing	Property Tax			550							550		\$ 1,100	\$ 92	
	Homeowners Insurance												\$ —	\$ —	
	Home/Yard Maintenance				Yard 200		Carpets 250						\$ 450	\$ 38	
	Utilities Garbage			65			65		65			65	\$ 260	\$ 22	
Transportation	Auto Insurance	Van Car		500 425					500 425				\$ 1,000 \$ 850	\$ 154	
	Auto Expenses		Lube 30	Tires 250		Lube 30		Lube 30	Lic. 100		Tune-up 250		\$ 690	\$ 58	
Health	Insurance—Other	Umbrella	415										\$ 415	\$ 35	
	Medical Expenses	Rx 75		250		Dr. A 30		Rx 75			Lab 70		\$ 500	\$ 42	
	Dental/Vision Expenses		Dental 750				Vision 300		Dental 75				\$ 1,125	\$ 94	
Additional Non-Monthly Expenses	Dues/Fees Taxes		Prof. Lic. 125		Tax Prep 300		Ent. Bk 35	AAA 35				Gym 55	\$ 550	\$ 46	
	Education/Tuition			Seminar 150						Seminar 100			\$ 250	\$ 21	
	Clothing Child	Shoes/Coat 320				350		450					\$ 1,120	\$ 93	
	Recreation					Fish Lic. 35	60		75				\$ 170	\$ 14	
	Vacation/Trips						1,500				300		\$ 1,800	\$ 150	
	Magazines		YM 16				Kip 20					BL 39	\$ 75	\$ 6	
	Gifts—Birthday	25	15	50			15	100			100	75	\$ 380	\$ 32	
	Gifts—Other	Anniv. 40				Grad. 75	F. Day 30		Shower 35		Wedding 50		Xmas 900	\$ 1,130	\$ 94
	Holiday Events						40				Halloween 60	TG 70	Xmas 400	\$ 570	\$ 48
	Children's Activities				Field Trip 50		Camp 250	Lessons 65	65	School 75	Photos 75			\$ 580	\$ 48
	Pets													\$ —	\$ —
	Donations	15		WWF 25				G.P. 30			RC 50		CRS 100	\$ 220	\$ 28
	Personal				25					Spa 80	25			\$ 130	\$ 11
Total	475	1,351	1,715	1,125	540	2,195	580	730	1,320	460	1,370	1,504	\$ 13,365	\$ 1,114	

Reserve Savings: Total Expenses \$ 13,365 divided by 12 = \$ 1,114 /Month (Rounded Up)

YEARLY BUDGET WORKSHEET

(Non-Monthly Anticipated Expenses)

YEAR 20 _____

FIXED AND ESTIMATED NON-MONTHLY EXPENSES

	JAN.	FEB.	MAR.	APR.	MAY	JUNE	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.	TOTAL	MO. AVG.
Housing	Property Tax													
	Homeowners Insurance													
	Home/Yard Maintenance													
	Utilities													
Transportation	Auto Insurance													
	Auto Expenses													
Health	Insurance—Other													
	Medical Expenses													
	Dental/Vision Expenses													
Additional Non-Monthly Expenses	Dues/Fees													
	Education/Tuition													
	Clothing													
	Recreation													
	Vacation/Trips													
	Gifts—Birthday													
	Gifts—Other													
	Holiday Events													
	Children's Activities													
	Pets													
Total														

Reserve Savings: Total Expenses \$ _____ divided by 12 = \$ _____ /Month

GIFT GIVING WORKSHEET

	Name	Amount: Christmas/ Hanukkah	Amount: Birthday	Actual Month Due	Other Events Happening*	Amount: Other Events	Actual Month Due
Spouse		\$	\$			\$	
Parents/Self							
Children/Grandchildren							
Sisters/Brothers							
Grandparents							

*Other: Anniversaries, weddings, showers, babies, Mother's Day, Father's Day, graduations, Bar/Bat Mitzvahs, religious events

GIFT GIVING WORKSHEET

	Name	Amount: Christmas/ Hanukkah	Amount: Birthday	Actual Month Due	Other Events Happening*	Amount: Other Events	Actual Month Due
Aunts/Uncles		\$	\$			\$	
Nieces/Nephews							
Friends/Work/Other							
Children's Friends							
	Total of both pages	\$	\$			\$	

*Other: Anniversaries, weddings, showers, babies, Mother's Day, Father's Day, graduations, Bar/Bat Mitzvahs, religious events

CHRISTMAS/HOLIDAY EXPENSE WORKSHEET

Item	Estimate	Already Have	Actual Cost
Tree/Wreath			
Lights—House/Tree			
Baked Goods/Gingerbread House			
Parties/Food/Liquor/Beverages/Host Gifts			
Poinsettias/Candles/Decorations/Crafts			
Gift Wrap/Greeting Cards			
Postage/Shipping/Boxes			
Digital Photo Processing/Family Portraits			
Clothes/Shoes/Jewelry			
Meals Out			
Movies/Ballet/Plays/Galleries/Travel/Tour			
Workplace Events			
Donations			
Batteries/Misc. (for gifts) Other			
Total Amount			

SOURCE OF MONEY FOR GIFTS AND HOLIDAY EXPENSES

Total Amount for Gifts: (See Gift Giving Worksheet)	Amount Needed \$ _____
Total Amount—Holiday Expenses: (See worksheet above)	\$ _____
TOTAL AMOUNT NEEDED for Gifts and Holiday Expenses:	\$ _____

List how much is available from the following sources to cover these holiday expenses:

Total Amount Available		
Source	Amount	Notes
Current Income		
Overtime/Part-Time Job		
Savings Account(s)		
Gift Money/Bonus		
Total Amount Available to Cover Expenses		
Total Amount Needed for Gifts & Holiday Expenses		
Amount Short/Extra*		

*Total amount needed – Total amount available to cover expenses = Amount short or extra

Outline a plan for covering amount that is short for holiday expenses:

Source	Amount	Notes
Overtime/Part-Time Job		
Charge on Credit Cards		
Borrow		
Other		
Total Amount Need to Borrow		

MONTHLY BUDGET WORKSHEET

(September)

SAMPLE

INCOME SOURCE:					Checking Bal.	Kim/Job	Chris/Job	Kim/Job	Reserve Savings
① Net Income Total Amount					\$435	\$1,707	\$1,280	\$1,707	\$1,320
	Expenses	③ Amount	Date		Date ② Rcv.: 9/1	9/7	9/18	9/21	9/15
			Due	Paid					
④ Fixed Amounts	Mortgage/Rent	984	5	2	984				
	Car Payments	291	10	5		291			
	Other Loans: <i>Student</i>	167	15	10		167			
	Internet Access	49	1	1	49				
	Day Care	—							
	Insurance <i>SUV*</i>	500*	17	15					500
	Insurance <i>Truck*</i>	425*	17	15					425
	Clubs/Dues	25	20	17				25	
	Savings—Emergency	100						100	
	Savings—Goals	65						65	
	Savings—Reserve	1,114			100	114	400	500	
	Allowance/Mad Money	50			50				
Fixed Variable	Electricity	75	20	18			75		
	Heating Oil/Gas	45	25	20			45		
	Water	35	11	8			35		
	Garbage*	65*	18	15					65
	Telephone/Cell Phone	88	27	20			88		
	Cable TV/Satellite/TiVo	60	25	20			60		
	Groceries	550			100	150	100	200	
	Meals Out/School Lunch	195			70	55	25	45	
	Auto Expense/Gas	125			30	40		55	
	Auto—DMV*	100*							100
	Child Allowance	40				20		20	
	Church/Charity	300				100		200	
Occasional	Household <i>Supplies</i>	100				20		80	
	Personal <i>Hair*</i>	80*							80
	Clothes/Dry Cleaning	110			25	35		50	
	Medical <i>Prescrip.</i>	35				35			
	Child Expense <i>School Exp.*</i>	75*							75
	Recreation <i>Season Tickets*</i>	75*							75
	Counseling	130				65		65	
	Books, CDs, Movies, Videos	90				90			
Installment	Credit Cards:								
	Visa	100	25	16				100	
	MC	200	27	20				200	
⑤ Total	Total Income — See Note	\$5,129			\$435	\$1,707	\$1,280	\$1,707	\$1,320
	Total Expense <i>Excludes*</i>	\$5,123			\$424	\$1,708	\$1,286	\$1,705	\$1,320
	Total Excess	\$6			\$11			\$2	
	Total Short					\$-1	\$-6		

Note: Total Income is from Income and Checking Balance only (Excludes Reserve Savings in right column).

* This Total Expense *excludes* all the expenses in bold with an * (see the far left column).

* Expenses in bold and with an * are paid from Reserve Savings (see the far right column) & not included in Total Expense.

This sample was laid out this way, excluding the expenses from Reserve Savings, to show how this concept works. The exact Totals would have \$1,320 more in Income and \$1,320 more in Expenses, balancing each other out.

MONTHLY BUDGET WORKSHEET

JANUARY

INCOME SOURCE:								
Net Income Total Amount								
	Expenses	Amount	Date		Date Rcv.:			
			Due	Paid				
Fixed Amounts	Mortgage/Rent							
	Car Payments							
	Other Loans							
	Internet Access							
	Day Care							
	Insurance							
	Clubs/Dues							
	Savings							
	Allowance/Mad Money							
	Electricity							
	Heating Oil/Gas							
Water								
Telephone/Cell Phone								
Cable TV/Satellite/TiVo								
Groceries								
Meals Out								
Auto Expense/Gas								
Church/Charity								
Occasional	Household							
	Personal							
	Clothes/Dry Cleaning							
	Medical							
	Child Expense							
	Recreation							
Installment	Credit Cards:							
Total	Total Income							
	Total Expense							
	Total Excess							
	Total Short							

MONTHLY BUDGET WORKSHEET

FEBRUARY

INCOME SOURCE:								
Net Income Total Amount								
	Expenses	Amount	Date		Date Rcv.:			
			Due	Paid				
Fixed Amounts	Mortgage/Rent							
	Car Payments							
	Other Loans							
	Internet Access							
	Day Care							
	Insurance							
	Clubs/Dues							
	Savings							
	Allowance/Mad Money							
	Electricity							
	Heating Oil/Gas							
Water								
Telephone/Cell Phone								
Cable TV/Satellite/TiVo								
Groceries								
Meals Out								
Auto Expense/Gas								
Church/Charity								
Occasional	Household							
	Personal							
	Clothes / Dry Cleaning							
	Medical							
	Child Expense							
	Recreation							
Installment	Credit Cards:							
Total	Total Income							
	Total Expense							
	Total Excess							
	Total Short							

MONTHLY BUDGET WORKSHEET

MARCH

INCOME SOURCE:								
Net Income Total Amount								
	Expenses	Amount	Date		Date Rcv.:			
			Due	Paid				
Fixed Amounts	Mortgage/Rent							
	Car Payments							
	Other Loans							
	Internet Access							
	Day Care							
	Insurance							
	Clubs/Dues							
	Savings							
	Allowance/Mad Money							
	Electricity							
	Heating Oil/Gas							
Water								
Telephone/Cell Phone								
Cable TV/Satellite/TiVo								
Groceries								
Meals Out								
Auto Expense/Gas								
Church/Charity								
Occasional	Household							
	Personal							
	Clothes / Dry Cleaning							
	Medical							
	Child Expense							
	Recreation							
Installment	Credit Cards:							
Total	Total Income							
	Total Expense							
	Total Excess							
	Total Short							

MONTHLY BUDGET WORKSHEET

APRIL

INCOME SOURCE:								
Net Income Total Amount								
	Expenses	Amount	Date		Date Rcv.:			
			Due	Paid				
Fixed Amounts	Mortgage/Rent							
	Car Payments							
	Other Loans							
	Internet Access							
	Day Care							
	Insurance							
	Clubs/Dues							
	Savings							
	Allowance/Mad Money							
Fixed Variable	Electricity							
	Heating Oil/Gas							
	Water							
	Telephone/Cell Phone							
	Cable TV/Satellite/TiVo							
	Groceries							
	Meals Out							
	Auto Expense/Gas							
Church/Charity								
Occasional	Household							
	Personal							
	Clothes / Dry Cleaning							
	Medical							
	Child Expense							
	Recreation							
Installment	Credit Cards:							
Total	Total Income							
	Total Expense							
	Total Excess							
	Total Short							

MONTHLY BUDGET WORKSHEET

MAY

INCOME SOURCE:								
Net Income Total Amount								
	Expenses	Amount	Date		Date Rcv.:			
			Due	Paid				
Fixed Amounts	Mortgage/Rent							
	Car Payments							
	Other Loans							
	Internet Access							
	Day Care							
	Insurance							
	Clubs/Dues							
	Savings							
	Allowance/Mad Money							
	Electricity							
	Heating Oil/Gas							
Water								
Telephone/Cell Phone								
Cable TV/Satellite/TiVo								
Groceries								
Meals Out								
Auto Expense/Gas								
Church/Charity								
Occasional	Household							
	Personal							
	Clothes/Dry Cleaning							
	Medical							
	Child Expense							
	Recreation							
Installment	Credit Cards:							
Total	Total Income							
	Total Expense							
	Total Excess							
	Total Short							

MONTHLY BUDGET WORKSHEET

JUNE

INCOME SOURCE:								
Net Income Total Amount								
	Expenses	Amount	Date		Date Rcv.:			
			Due	Paid				
Fixed Amounts	Mortgage/Rent							
	Car Payments							
	Other Loans							
	Internet Access							
	Day Care							
	Insurance							
	Clubs/Dues							
	Savings							
	Allowance/Mad Money							
	Electricity							
	Heating Oil/Gas							
Water								
Telephone/Cell Phone								
Cable TV/Satellite/TiVo								
Groceries								
Meals Out								
Auto Expense/Gas								
Church/Charity								
Occasional	Household							
	Personal							
	Clothes / Dry Cleaning							
	Medical							
	Child Expense							
	Recreation							
Installment	Credit Cards:							
Total	Total Income							
	Total Expense							
	Total Excess							
	Total Short							

MONTHLY BUDGET WORKSHEET

JULY

INCOME SOURCE:								
Net Income Total Amount								
	Expenses	Amount	Date		Date Rcv.:			
			Due	Paid				
Fixed Amounts	Mortgage/Rent							
	Car Payments							
	Other Loans							
	Internet Access							
	Day Care							
	Insurance							
	Clubs/Dues							
	Savings							
	Allowance/Mad Money							
Fixed Variable	Electricity							
	Heating Oil/Gas							
	Water							
	Telephone/Cell Phone							
	Cable TV/Satellite/TiVo							
	Groceries							
	Meals Out							
	Auto Expense/Gas							
	Church/Charity							
Occasional	Household							
	Personal							
	Clothes / Dry Cleaning							
	Medical							
	Child Expense							
	Recreation							
Installment	Credit Cards:							
Total	Total Income							
	Total Expense							
	Total Excess							
	Total Short							

MONTHLY BUDGET WORKSHEET

AUGUST

INCOME SOURCE:								
Net Income Total Amount								
	Expenses	Amount	Date		Date Rcv.:			
			Due	Paid				
Fixed Amounts	Mortgage/Rent							
	Car Payments							
	Other Loans							
	Internet Access							
	Day Care							
	Insurance							
	Clubs/Dues							
	Savings							
	Allowance/Mad Money							
Fixed Variable	Electricity							
	Heating Oil/Gas							
	Water							
	Telephone/Cell Phone							
	Cable TV/Satellite/TiVo							
	Groceries							
	Meals Out							
	Auto Expense/Gas							
Church/Charity								
Occasional	Household							
	Personal							
	Clothes/Dry Cleaning							
	Medical							
	Child Expense							
	Recreation							
Installment	Credit Cards:							
Total	Total Income							
	Total Expense							
	Total Excess							
	Total Short							

MONTHLY BUDGET WORKSHEET

SEPTEMBER

INCOME SOURCE:								
Net Income Total Amount								
	Expenses	Amount	Date		Date Rcv.:			
			Due	Paid				
Fixed Amounts	Mortgage/Rent							
	Car Payments							
	Other Loans							
	Internet Access							
	Day Care							
	Insurance							
	Clubs/Dues							
	Savings							
	Allowance/Mad Money							
Fixed Variable	Electricity							
	Heating Oil/Gas							
	Water							
	Telephone/Cell Phone							
	Cable TV/Satellite/TiVo							
	Groceries							
	Meals Out							
	Auto Expense/Gas							
	Church/Charity							
Occasional	Household							
	Personal							
	Clothes / Dry Cleaning							
	Medical							
	Child Expense							
	Recreation							
Installment	Credit Cards:							
Total	Total Income							
	Total Expense							
	Total Excess							
	Total Short							

MONTHLY BUDGET WORKSHEET

OCTOBER

INCOME SOURCE:								
Net Income Total Amount								
	Expenses	Amount	Date		Date Rcv.:			
			Due	Paid				
Fixed Amounts	Mortgage/Rent							
	Car Payments							
	Other Loans							
	Internet Access							
	Day Care							
	Insurance							
	Clubs/Dues							
	Savings							
	Allowance/Mad Money							
Fixed Variable	Electricity							
	Heating Oil/Gas							
	Water							
	Telephone/Cell Phone							
	Cable TV/Satellite/TiVo							
	Groceries							
	Meals Out							
	Auto Expense/Gas							
Church/Charity								
Occasional	Household							
	Personal							
	Clothes/Dry Cleaning							
	Medical							
	Child Expense							
	Recreation							
Installment	Credit Cards:							
Total	Total Income							
	Total Expense							
	Total Excess							
	Total Short							

MONTHLY BUDGET WORKSHEET

NOVEMBER

INCOME SOURCE:								
Net Income Total Amount								
	Expenses	Amount	Date		Date Rcv.:			
			Due	Paid				
Fixed Amounts	Mortgage/Rent							
	Car Payments							
	Other Loans							
	Internet Access							
	Day Care							
	Insurance							
	Clubs/Dues							
	Savings							
	Allowance/Mad Money							
	Electricity							
	Heating Oil/Gas							
Water								
Telephone/Cell Phone								
Cable TV/Satellite/TiVo								
Groceries								
Meals Out								
Auto Expense/Gas								
Church/Charity								
Occasional	Household							
	Personal							
	Clothes / Dry Cleaning							
	Medical							
	Child Expense							
	Recreation							
Installment	Credit Cards:							
Total	Total Income							
	Total Expense							
	Total Excess							
	Total Short							

MONTHLY BUDGET WORKSHEET

DECEMBER

INCOME SOURCE:								
Net Income Total Amount								
	Expenses	Amount	Date		Date Rcv.:			
			Due	Paid				
Fixed Amounts	Mortgage/Rent							
	Car Payments							
	Other Loans							
	Internet Access							
	Day Care							
	Insurance							
	Clubs/Dues							
	Savings							
	Allowance/Mad Money							
	Electricity							
	Heating Oil/Gas							
Water								
Telephone/Cell Phone								
Cable TV/Satellite/TiVo								
Groceries								
Meals Out								
Auto Expense/Gas								
Church/Charity								
Occasional	Household							
	Personal							
	Clothes/Dry Cleaning							
	Medical							
	Child Expense							
	Recreation							
Installment	Credit Cards:							
Total	Total Income							
	Total Expense							
	Total Excess							
	Total Short							

VARIABLE INCOME WORKSHEET

Income Source	Jan.	Feb.	Mar.	Apr.	May	June
Investment Income _____ _____						
Commissions _____ _____						
Bonus _____ _____						
Business Income _____ _____						
Consultant _____ _____						
Reimbursement _____ _____						
Freelance _____ _____						
Royalty _____ _____						
Other* _____ _____ _____						
TOTAL INCOME						

*Tax refund, cash gifts, inheritance, trust, gratuities, rental property, insurance settlement, property sale, affiliate website sales, etc.

VARIABLE INCOME WORKSHEET

Income Source	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total
Investment Income _____ _____							
Commissions _____ _____							
Bonus _____ _____							
Business Income _____ _____							
Consultant _____ _____							
Reimbursement _____ _____							
Freelance _____ _____							
Royalty _____ _____							
Other* _____ _____ _____							
TOTAL INCOME							

*Tax refund, cash gifts, inheritance, trust, gratuities, rental property, insurance settlement, property sale, affiliate website sales, etc.

BASIC MONTHLY HOUSEHOLD AND PERSONAL EXPENSES

(Refer to Monthly Budget Worksheet and Yearly Budget Worksheet for more comprehensive categories.)

Expense	Jan.	Feb.	Mar.	Apr.	May	June
Estimated Taxes						
Fixed:						
Mortgage/Rent						
Car Payment/Lease						

Loans						

Insurance						

Variable:						
Utilities						
Phones						
Groceries						
Gasoline						

Credit Cards:						

Major Periodic Expenses (p. 54)						
TOTAL EXPENSES						
Total Income (pp. 89–90)						
Difference						
Deposit into Savings*						
Withdraw from Savings						

*If extra funds are available this month, see the Windfall Planner on page 94.

BASIC MONTHLY HOUSEHOLD AND PERSONAL EXPENSES

(Refer to Monthly Budget Worksheet and Yearly Budget Worksheet for more comprehensive categories.)

Expense	July	Aug.	Sept.	Oct.	Nov.	Dec.
Estimated Taxes						
Fixed:						
Mortgage/Rent						
Car Payment/Lease						

Loans						

Insurance						

Variable:						
Utilities						
Phones						
Groceries						
Gasoline						

Credit Cards:						

Major Periodic Expenses (p. 54)						
TOTAL EXPENSES						
Total Income (pp. 89–90)						
Difference						
Deposit into Savings*						
Withdraw from Savings						

*If extra funds are available this month, see the Windfall Planner on page 94.

WINDFALL PLANNER

Date: _____

Source of Money: _____

Total Amount: _____

Possible Expense Item	Amount	or	Percent
Estimated Taxes to Put in Savings (if no taxes have been taken out)	\$ _____		_____ %
Catch Up on Payments Currently Behind	_____		_____
Back Taxes Still Due (federal, state, property)	_____		_____
Credit Card(s)—Pay Down or Off	_____		_____
Credit Card(s)—Pay Down or Off	_____		_____
Loan(s)—Pay Down or Off	_____		_____
Loan(s)—Pay Down or Off	_____		_____
Cover _____ No. of Months of Living Expenses (Put this in savings.)	_____		_____
Stock Up on Household and/or Grocery Items	_____		_____
Upcoming Major Expense(s) (See Yearly Budget Worksheet on p. 54.)	_____		_____
Reserve Savings Account (See Yearly Budget Worksheet on p. 54.)	_____		_____
Emergency Savings Account	_____		_____
Home Improvement Project(s)	_____		_____
New Purchases	_____		_____
Investments/Retirement/College	_____		_____
Vacation/Travel/Trips/Fun Money	_____		_____
Charitable Giving	_____		_____
Other _____	_____		_____
_____	_____		_____
_____	_____		_____
_____	_____		_____
_____	_____		_____
_____	_____		_____
_____	_____		_____
_____	_____		_____
_____	_____		_____
_____	_____		_____
_____	_____		_____
GRAND TOTAL	\$ _____		_____ %

MULTIPLE SALES MONTHLY PLANNER

SEPTEMBER

Code	Sales (Customer/Product)	Date	Amount
Notes:			
Total Income			\$ _____

OCTOBER

Code	Sales (Customer/Product)	Date	Amount
Notes:			
Total Income			\$ _____

NOVEMBER

Code	Sales (Customer/Product)	Date	Amount
Notes:			
Total Income			\$ _____

DECEMBER

Code	Sales (Customer/Product)	Date	Amount
Notes:			
Total Income			\$ _____

Code: F—Future Prospect/Project L—Listing of a Sale P—Pending Sale S—Sold and Closed

DEBT PAYOFF RECORD

Loans						
CREDITOR						Total*
Account Number						
Total Balance Due						
Phone Number						
Interest Rate (APR)						
January						
Amount Paid						
Interest/Penalty						
Balance Due						
February						
Amount Paid						
Interest/Penalty						
Balance Due						
March						
Amount Paid						
Interest/Penalty						
Balance Due						
April						
Amount Paid						
Interest/Penalty						
Balance Due						
May						
Amount Paid						
Interest/Penalty						
Balance Due						
June						
Amount Paid						
Interest/Penalty						
Balance Due						
July						
Amount Paid						
Interest/Penalty						
Balance Due						
August						
Amount Paid						
Interest/Penalty						
Balance Due						
September						
Amount Paid						
Interest/Penalty						
Balance Due						
October						
Amount Paid						
Interest/Penalty						
Balance Due						
November						
Amount Paid						
Interest/Penalty						
Balance Due						
December						
Amount Paid						
Interest/Penalty						
Balance Due						
Balance Due						

* Add your total for loan debt to the Grand Total column on page 103.

DEBT PAYOFF RECORD

	Credit Cards					
CREDITOR						Total*
Account Number						
Total Balance Due						
Phone Number						
Interest Rate (APR)						
January						
Amount Paid						
Interest/Penalty						
Balance Due						
February						
Amount Paid						
Interest/Penalty						
Balance Due						
March						
Amount Paid						
Interest/Penalty						
Balance Due						
April						
Amount Paid						
Interest/Penalty						
Balance Due						
May						
Amount Paid						
Interest/Penalty						
Balance Due						
June						
Amount Paid						
Interest/Penalty						
Balance Due						
July						
Amount Paid						
Interest/Penalty						
Balance Due						
August						
Amount Paid						
Interest/Penalty						
Balance Due						
September						
Amount Paid						
Interest/Penalty						
Balance Due						
October						
Amount Paid						
Interest/Penalty						
Balance Due						
November						
Amount Paid						
Interest/Penalty						
Balance Due						
December						
Amount Paid						
Interest/Penalty						
Balance Due						
Balance Due						

*Add your total for credit card debt to the Grand Total column on page 103.

DEBT PAYOFF RECORD

	Other (Medical, Legal, Personal, etc.)					
CREDITOR					Total	Grand Total
Account Number						
Total Balance Due						
Phone Number						
Interest Rate (APR)						
January						
Amount Paid						
Interest/Penalty						
Balance Due						
February						
Amount Paid						
Interest/Penalty						
Balance Due						
March						
Amount Paid						
Interest/Penalty						
Balance Due						
April						
Amount Paid						
Interest/Penalty						
Balance Due						
May						
Amount Paid						
Interest/Penalty						
Balance Due						
June						
Amount Paid						
Interest/Penalty						
Balance Due						
July						
Amount Paid						
Interest/Penalty						
Balance Due						
August						
Amount Paid						
Interest/Penalty						
Balance Due						
September						
Amount Paid						
Interest/Penalty						
Balance Due						
October						
Amount Paid						
Interest/Penalty						
Balance Due						
November						
Amount Paid						
Interest/Penalty						
Balance Due						
December						
Amount Paid						
Interest/Penalty						
Balance Due						
Balance Due						

CREDIT CARD PURCHASE RECORD

SAMPLE

JAN.		FEB.		MAR.		APR.		MAY		JUNE	
Billing Cycle Closing Date: ① _____		_____		_____		_____		_____		_____	
Item	Amount	Item	Amount	Item	Amount	Item	Amount	Item	Amount	Item	Amount
③ 3/gas ②	14.91										
7/Shoes	20.82										
Total											

ONLINE/ELECTRONIC CONNECTION TO *THE BUDGET KIT*

Online Bill Payments

If you don't want to list your charges on this worksheet, you can register online at your credit card company's website and see your current charges and balance due. As you fill in the "Installment" blanks of the **Monthly Budget Worksheet** to plan out your bills, you will know exactly how much to anticipate for your credit card payments. When your bill arrives, you can still pay by check or pay the bill directly online from your checking account, using either the credit card website or your bank's website.

Online Budget Programs

Coordinating credit card charges with a monthly budget accurately and effectively is probably one of the more challenging steps depending on your online budget program, credit card debt situation, and level of sophistication. Even the manual approach to this process gets confusing for many people. See if your online budget program has a way to link a credit card charge in a particular category with the same category in your outlined budget for the month and then has a way to plan the payment. Not all programs are designed to coordinate this process.

The more popular online budget programs like Finicity Money Manager—Mvelopes® and Quicken (Mint) will have well-designed systems for virtually coordinating the credit card charges with the monthly budget and then including a virtual transfer for the payment plan. If you are a heavy credit card user, be sure this feature is offered with the online program you are using and is easy to use.

MONTHLY EXPENSE RECORD

SAMPLE

Balance Forward from Last Month:

Cash: \$37.00 Checking: \$435.00 Savings: \$11,796.45

NET INCOME			
	Chris	Kim	TOTAL
SALARY/COMMISSIONS			
Jobs	1,280	1,707	2,987
Jobs		1,707	1,707
TOTAL INCOME			4,694
OTHER			
Yard sale (wasn't planned, but came in handy)			50
From Reserve Savings for this month's expenses			1,320
Left over from last month			435
Subtotal Other Income			1,805
TOTAL NET INCOME			6,499

SAVINGS	
(Describe)	
Reserve (pulled \$ 1,320 for September expenses)	1,114
Goals	75
Emergency	115
TOTAL SAVINGS	1,304

INVESTMENTS/RETIREMENT	
(See Payroll Deduction)	
TOTAL INVESTMENTS/RETIREMENT	

		FOOD			HOUSEHOLD				TRANSPORTATION			PERSONAL		HEALTH	
		groceries	cafeteria fast food dining out school lunches	tobacco alcohol snacks beverages water	cleaner mainten. house yard pool	appliances furniture furnishings supplies	postage copies ATM fees bank fees misc.	interest taxes	gas	auto mainten. wash license	taxi transit tolls/passes parking	clothing alterations dry clean. laundry shoe care	toiletries cosmetics hair nails massage	doctor dentist vision medicine vitamins	personal growth therapy
WEEK 1	1	40	15						14						
	2		8		20										
	3	36							9						65
	4			15						15				20	
	5		29												
	6			5					13						
	7	44		6								15			
WEEK 2	8														
	9	67	8			20						44			
	10								15						
	11	17	14										10		
	12			5										13	
	13			5						100	DMV				
	14			6											
WEEK 3	15	11													
	16		12						10			21			
	17														
	18	29	8	5	26								Hair		
	19												80		
	20	10										14			
	21					23									65
WEEK 4	22			11					15						
	23				10										
	24													15	
	25	150													
	26		7	6					9			15			
	27						9								
	28	32													
	29														
	30	67	27						20						
	31	18													
T*	521	128	64	56	43	9	—	105	115	—	109	90	48	130	
B*	550	155	40	45	50	10		125	100		110	80	35	130	
D*	29	27	(24)	(11)	7	1	0	20	(15)	0	1	(10)	(13)	0	

* T = Total; B = Budget; D = Difference

MONTHLY EXPENSE RECORD

SAMPLE

FIXED EXPENSES

Monthly	Amount	Monthly	Amount
Mortgage/Rent	984	Insurance:	
Assn. Fee		House/Apt	
Heating Oil/Gas	45	Auto (SUV & Truck)	925
Electricity	75	Life	
Water/Refuse	35	Health	
Garbage/Sewer	65	Dental	
Telephone	29	Disability	
Cellular Phone	59	Long Term	
Cable/Satellite/TiVo	60		
Internet	49		
Child Support		Storage	
Spousal Support		Health Club	25
TOTAL FIXED EXPENSES			2,351

INSTALLMENT EXPENSES

Loans/Credit Cards	Amount
Visa	100
MC	200
Student Loan	167
Car Payment	291
TOTAL	758

TOTAL EXPENSES

Total Fixed Expenses	2,351
Total Installment Expenses	758
Total Monthly Expenses from Below	2,065
GRAND TOTAL EXPENSES	5,174
Plus Amount Paid to Savings 1,304	6,478

Difference: TOTAL INCOME – GRAND TOTAL = \$21

	RECREATION / ENTERTAINMENT / EDUCATION	FAMILY	GENERAL
--	--	--------	---------

	vacation trips	entertain. DVD movies music parties	lottery sports hobbies lessons clubs	computer upgrades software supplies service	seminar workshop tuition supplies	newspaper books magazines software games/apps	elder care child care sitter tutor	infant exp. allowance school exp. toys arcades	pet vet supplies services sitter	gifts cards flowers	charitable contribut. church temple	work expense dues reimbursements	prof. services legal CPA investment	other (add explanation)
WEEK 1	1													Mad \$
	2		9					School			50			50
	3							75						
	4						5							
	5													
	6													
	7								20			50		
WEEK 2	8													
	9													
	10													
	11													
	12						15							
	13													
	14		Season Tix											
WEEK 3	15	75												
	16										50			
	17							20						
	18													
	19						24				50			
	20									10				
	21													
WEEK 4	22			21										
	23					19								
	24													
	25							5			50			
	26													
	27													
	28													
	29										50			
	30													
	31													
T*	—	84	—	21	—	63	—	120	—	10	300	—	—	50
B*		100				65		115			300			50
D*	0	16	0		0	2	0	(5)	0	(10)	0	0	0	0

* T = Total; B = Budget; D = Difference

MONTHLY EXPENSE RECORD

Balance Forward from Last Month: _____

Cash: _____ Checking: _____ Savings: _____

NET INCOME			
			TOTAL
SALARY/COMMISSIONS			
TOTAL INCOME			
OTHER			
Subtotal Other Income			
TOTAL NET INCOME			

SAVINGS	
(Describe)	
TOTAL SAVINGS	

INVESTMENTS/RETIREMENT	
TOTAL INVESTMENTS/RETIREMENT	

		FOOD			HOUSEHOLD				TRANSPORTATION			PERSONAL		HEALTH	
		groceries	cafeteria fast food dining out school lunches	tobacco alcohol snacks beverages water	cleaner mainten. house yard pool	appliances furniture furnishings supplies	postage copies ATM fees bank fees misc.	interest taxes	gas	auto mainten. wash license	taxi transit tolls/passes parking	clothing alterations dry clean. laundry shoe care	toiletries cosmetics hair nails massage	doctor dentist vision medicine vitamins	personal growth therapy
1															
2															
3															
4															
5															
6															
7															
8															
9															
10															
11															
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22															
23															
24															
25															
26															
27															
28															
29															
30															
31															
T*															
B*															
D*															

* T = Total; B = Budget; D = Difference

MONTHLY EXPENSE RECORD

JANUARY

FIXED EXPENSES

Monthly	Amount	Monthly	Amount
Mortgage/Rent		Insurance:	
Assn. Fee		House/Apt	
Heating Oil/Gas		Auto	
Electricity		Life	
Water/Refuse		Health	
Garbage/Sewer		Dental	
Telephone		Disability	
Cellular Phone		Long Term	
Cable/Satellite/TiVo			
Internet			
Child Support			
Spousal Support			
TOTAL FIXED EXPENSES			

INSTALLMENT EXPENSES

Loans/Credit Cards	Amount
TOTAL	

TOTAL EXPENSES

Total Fixed Expenses	
Total Installment Expenses	
Total Monthly Expenses from Below	
GRAND TOTAL EXPENSES	
Plus Amount Paid to Savings	

	RECREATION / ENTERTAINMENT / EDUCATION	FAMILY	GENERAL
--	--	--------	---------

	vacation trips	entertain. DVD movies music parties	lottery sports hobbies lessons clubs	computer upgrades software supplies service	seminar workshop tuition supplies	newspaper books magazines software games/apps	elder care child care sitter tutor	infant exp. allowance school exp. toys arcades	pet vet supplies services sitter	gifts cards flowers	charitable contrib. church temple	work expense dues reimbursements	prof. services legal CPA investment	other (add explanation)
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														
11														
12														
13														
14														
15														
16														
17														
18														
19														
20														
21														
22														
23														
24														
25														
26														
27														
28														
29														
30														
31														
T*														
B*														
D*														

* T = Total; B = Budget; D = Difference

MONTHLY EXPENSE RECORD

Balance Forward from Last Month: _____

Cash: _____ Checking: _____ Savings: _____

NET INCOME			
			TOTAL
SALARY/COMMISSIONS			
TOTAL INCOME			
OTHER			
Subtotal Other Income			
TOTAL NET INCOME			

SAVINGS	
(Describe)	
TOTAL SAVINGS	

INVESTMENTS/RETIREMENT	
TOTAL INVESTMENTS/RETIREMENT	

		FOOD			HOUSEHOLD				TRANSPORTATION			PERSONAL		HEALTH	
		groceries	cafeteria fast food dining out school lunches	tobacco alcohol snacks beverages water	cleaner mainten. house yard pool	appliances furniture furnishings supplies	postage copies ATM fees bank fees misc.	interest taxes	gas	auto mainten. wash license	taxi transit tolls/passes parking	clothing alterations dry clean. laundry shoe care	toiletries cosmetics hair nails massage	doctor dentist vision medicine vitamins	personal growth therapy
WEEK 1	1														
	2														
	3														
	4														
	5														
	6														
	7														
WEEK 2	8														
	9														
	10														
	11														
	12														
	13														
	14														
WEEK 3	15														
	16														
	17														
	18														
	19														
	20														
	21														
WEEK 4	22														
	23														
	24														
	25														
	26														
	27														
	28														
29															
30															
31															
T*															
B*															
D*															

* T = Total; B = Budget; D = Difference

MONTHLY EXPENSE RECORD

FEBRUARY

FIXED EXPENSES

Monthly	Amount	Monthly	Amount
Mortgage/Rent		Insurance:	
Assn. Fee		House/Apt	
Heating Oil/Gas		Auto	
Electricity		Life	
Water/Refuse		Health	
Garbage/Sewer		Dental	
Telephone		Disability	
Cellular Phone		Long Term	
Cable/Satellite/TiVo			
Internet			
Child Support			
Spousal Support			
TOTAL FIXED EXPENSES			

INSTALLMENT EXPENSES

Loans/Credit Cards	Amount
TOTAL	

TOTAL EXPENSES

Total Fixed Expenses	
Total Installment Expenses	
Total Monthly Expenses from Below	
GRAND TOTAL EXPENSES	
Plus Amount Paid to Savings	

	RECREATION / ENTERTAINMENT / EDUCATION	FAMILY	GENERAL
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	vacation trips	entertain. DVD movies music parties	lottery sports hobbies lessons clubs	computer upgrades software supplies service	seminar workshop tuition supplies	newspaper books magazines software games/apps	elder care child care sitter tutor	infant exp. allowance school exp. toys arcades	pet vet supplies services sitter	gifts cards flowers	charitable contrib. church temple	work expense dues reimbursements	prof. services legal CPA investment	other (add explanation)
1														
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* T = Total; B = Budget; D = Difference

MONTHLY EXPENSE RECORD

Balance Forward from Last Month: _____

Cash: _____ Checking: _____ Savings: _____

NET INCOME			
			TOTAL
SALARY/COMMISSIONS			
TOTAL INCOME			
OTHER			
Subtotal Other Income			
TOTAL NET INCOME			

SAVINGS	
(Describe)	
TOTAL SAVINGS	

INVESTMENTS/RETIREMENT	
TOTAL INVESTMENTS/RETIREMENT	

		FOOD			HOUSEHOLD				TRANSPORTATION			PERSONAL		HEALTH	
		groceries	cafeteria fast food dining out school lunches	tobacco alcohol snacks beverages water	cleaner mainten. house yard pool	appliances furniture furnishings supplies	postage copies ATM fees bank fees misc.	interest taxes	gas	auto mainten. wash license	taxi transit tolls/passes parking	clothing alterations dry clean. laundry shoe care	toiletries cosmetics hair nails massage	doctor dentist vision medicine vitamins	personal growth therapy
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D*															

* T = Total; B = Budget; D = Difference

MONTHLY EXPENSE RECORD

MARCH

FIXED EXPENSES

Monthly	Amount	Monthly	Amount
Mortgage/Rent		Insurance:	
Assn. Fee		House/Apt	
Heating Oil/Gas		Auto	
Electricity		Life	
Water/Refuse		Health	
Garbage/Sewer		Dental	
Telephone		Disability	
Cellular Phone		Long Term	
Cable/Satellite/TiVo			
Internet			
Child Support			
Spousal Support			
TOTAL FIXED EXPENSES			

INSTALLMENT EXPENSES

Loans/Credit Cards	Amount
TOTAL	

TOTAL EXPENSES

Total Fixed Expenses	
Total Installment Expenses	
Total Monthly Expenses from Below	
GRAND TOTAL EXPENSES	
Plus Amount Paid to Savings	

	RECREATION / ENTERTAINMENT / EDUCATION	FAMILY	GENERAL
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	vacation trips	entertain. DVD movies music parties	lottery sports hobbies lessons clubs	computer upgrades software supplies service	seminar workshop tuition supplies	newspaper books magazines software games/apps	elder care child care sitter tutor	infant exp. allowance school exp. toys arcades	pet vet supplies services sitter	gifts cards flowers	charitable contrib. church temple	work expense dues reimbursements	prof. services legal CPA investment	other (add explanation)
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B*														
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* T = Total; B = Budget; D = Difference

MONTHLY EXPENSE RECORD

Balance Forward from Last Month: _____

Cash: _____ Checking: _____ Savings: _____

NET INCOME			
			TOTAL
SALARY/COMMISSIONS			
TOTAL INCOME			
OTHER			
Subtotal Other Income			
TOTAL NET INCOME			

SAVINGS	
(Describe)	
TOTAL SAVINGS	

INVESTMENTS/RETIREMENT	
TOTAL INVESTMENTS/RETIREMENT	

		FOOD			HOUSEHOLD				TRANSPORTATION			PERSONAL		HEALTH	
		groceries	cafeteria fast food dining out school lunches	tobacco alcohol snacks beverages water	cleaner mainten. house yard pool	appliances furniture furnishings supplies	postage copies ATM fees bank fees misc.	interest taxes	gas	auto mainten. wash license	taxi transit tolls/passes parking	clothing alterations dry clean. laundry shoe care	toiletries cosmetics hair nails massage	doctor dentist vision medicine vitamins	personal growth therapy
WEEK 1	1														
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* T = Total; B = Budget; D = Difference

MONTHLY EXPENSE RECORD

APRIL

FIXED EXPENSES

Monthly	Amount	Monthly	Amount
Mortgage/Rent		Insurance:	
Assn. Fee		House/Apt	
Heating Oil/Gas		Auto	
Electricity		Life	
Water/Refuse		Health	
Garbage/Sewer		Dental	
Telephone		Disability	
Cellular Phone		Long Term	
Cable/Satellite/TiVo			
Internet			
Child Support			
Spousal Support			
TOTAL FIXED EXPENSES			

INSTALLMENT EXPENSES

Loans/Credit Cards	Amount
TOTAL	

TOTAL EXPENSES

Total Fixed Expenses	
Total Installment Expenses	
Total Monthly Expenses from Below	
GRAND TOTAL EXPENSES	
Plus Amount Paid to Savings	

	RECREATION / ENTERTAINMENT / EDUCATION	FAMILY	GENERAL
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	vacation trips	entertain. DVD movies music parties	lottery sports hobbies lessons clubs	computer upgrades software supplies service	seminar workshop tuition supplies	newspaper books magazines software games/apps	elder care child care sitter tutor	infant exp. allowance school exp. toys arcades	pet vet supplies services sitter	gifts cards flowers	charitable contrib. church temple	work expense dues reimbursements	prof. services legal CPA investment	other (add explanation)
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* T = Total; B = Budget; D = Difference

MONTHLY EXPENSE RECORD

Balance Forward from Last Month: _____

Cash: _____ Checking: _____ Savings: _____

NET INCOME			
			TOTAL
SALARY/COMMISSIONS			
TOTAL INCOME			
OTHER			
Subtotal Other Income			
TOTAL NET INCOME			

SAVINGS	
(Describe)	
TOTAL SAVINGS	

INVESTMENTS/RETIREMENT	
TOTAL INVESTMENTS/RETIREMENT	

		FOOD			HOUSEHOLD				TRANSPORTATION			PERSONAL		HEALTH	
		groceries	cafeteria fast food dining out school lunches	tobacco alcohol snacks beverages water	cleaner mainten. house yard pool	appliances furniture furnishings supplies	postage copies ATM fees bank fees misc.	interest taxes	gas	auto mainten. wash license	taxi transit tolls/passes parking	clothing alterations dry clean. laundry shoe care	toiletries cosmetics hair nails massage	doctor dentist vision medicine vitamins	personal growth therapy
WEEK 1	1														
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* T = Total; B = Budget; D = Difference

MONTHLY EXPENSE RECORD

MAY

FIXED EXPENSES

Monthly	Amount	Monthly	Amount
Mortgage/Rent		Insurance:	
Assn. Fee		House/Apt	
Heating Oil/Gas		Auto	
Electricity		Life	
Water/Refuse		Health	
Garbage/Sewer		Dental	
Telephone		Disability	
Cellular Phone		Long Term	
Cable/Satellite/TiVo			
Internet			
Child Support			
Spousal Support			
TOTAL FIXED EXPENSES			

INSTALLMENT EXPENSES

Loans/Credit Cards	Amount
TOTAL	

TOTAL EXPENSES

Total Fixed Expenses	
Total Installment Expenses	
Total Monthly Expenses from Below	
GRAND TOTAL EXPENSES	
Plus Amount Paid to Savings	

	RECREATION / ENTERTAINMENT / EDUCATION	FAMILY	GENERAL
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	vacation trips	entertain. DVD movies music parties	lottery sports hobbies lessons clubs	computer upgrades software supplies service	seminar workshop tuition supplies	newspaper books magazines software games/apps	elder care child care sitter tutor	infant exp. allowance school exp. toys arcades	pet vet supplies services sitter	gifts cards flowers	charitable contrib. church temple	work expense dues reimbursements	prof. services legal CPA investment	other (add explanation)
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* T = Total; B = Budget; D = Difference

MONTHLY EXPENSE RECORD

Balance Forward from Last Month: _____

Cash: _____ Checking: _____ Savings: _____

NET INCOME			
			TOTAL
SALARY/COMMISSIONS			
TOTAL INCOME			
OTHER			
Subtotal Other Income			
TOTAL NET INCOME			

SAVINGS	
(Describe)	
TOTAL SAVINGS	

INVESTMENTS/RETIREMENT	
TOTAL INVESTMENTS/RETIREMENT	

		FOOD			HOUSEHOLD				TRANSPORTATION			PERSONAL		HEALTH	
		groceries	cafeteria fast food dining out school lunches	tobacco alcohol snacks beverages water	cleaner mainten. house yard pool	appliances furniture furnishings supplies	postage copies ATM fees bank fees misc.	interest taxes	gas	auto mainten. wash license	taxi transit tolls/passes parking	clothing alterations dry clean. laundry shoe care	toiletries cosmetics hair nails massage	doctor dentist vision medicine vitamins	personal growth therapy
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* T = Total; B = Budget; D = Difference

MONTHLY EXPENSE RECORD

JUNE

FIXED EXPENSES

Monthly	Amount	Monthly	Amount
Mortgage/Rent		Insurance:	
Assn. Fee		House/Apt	
Heating Oil/Gas		Auto	
Electricity		Life	
Water/Refuse		Health	
Garbage/Sewer		Dental	
Telephone		Disability	
Cellular Phone		Long Term	
Cable/Satellite/TiVo			
Internet			
Child Support			
Spousal Support			
TOTAL FIXED EXPENSES			

INSTALLMENT EXPENSES

Loans/Credit Cards	Amount
TOTAL	

TOTAL EXPENSES

Total Fixed Expenses	
Total Installment Expenses	
Total Monthly Expenses from Below	
GRAND TOTAL EXPENSES	
Plus Amount Paid to Savings	

	RECREATION / ENTERTAINMENT / EDUCATION	FAMILY	GENERAL
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	vacation trips	entertain. DVD movies music parties	lottery sports hobbies lessons clubs	computer upgrades software supplies service	seminar workshop tuition supplies	newspaper books magazines software games/apps	elder care child care sitter tutor	infant exp. allowance school exp. toys arcades	pet vet supplies services sitter	gifts cards flowers	charitable contrib. church temple	work expense dues reimbursements	prof. services legal CPA investment	other (add explanation)
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* T = Total; B = Budget; D = Difference

MONTHLY EXPENSE RECORD

Balance Forward from Last Month: _____

Cash: _____ Checking: _____ Savings: _____

NET INCOME			
			TOTAL
SALARY/COMMISSIONS			
TOTAL INCOME			
OTHER			
Subtotal Other Income			
TOTAL NET INCOME			

SAVINGS	
(Describe)	
TOTAL SAVINGS	

INVESTMENTS/RETIREMENT	
TOTAL INVESTMENTS/RETIREMENT	

		FOOD			HOUSEHOLD				TRANSPORTATION			PERSONAL		HEALTH	
		groceries	cafeteria fast food dining out school lunches	tobacco alcohol snacks beverages water	cleaner mainten. house yard pool	appliances furniture furnishings supplies	postage copies ATM fees bank fees misc.	interest taxes	gas	auto mainten. wash license	taxi transit tolls/passes parking	clothing alterations dry clean. laundry shoe care	toiletries cosmetics hair nails massage	doctor dentist vision medicine vitamins	personal growth therapy
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* T = Total; B = Budget; D = Difference

MONTHLY EXPENSE RECORD

JULY

FIXED EXPENSES

Monthly	Amount	Monthly	Amount
Mortgage/Rent		Insurance:	
Assn. Fee		House/Apt	
Heating Oil/Gas		Auto	
Electricity		Life	
Water/Refuse		Health	
Garbage/Sewer		Dental	
Telephone		Disability	
Cellular Phone		Long Term	
Cable/Satellite/TiVo			
Internet			
Child Support			
Spousal Support			
TOTAL FIXED EXPENSES			

INSTALLMENT EXPENSES

Loans/Credit Cards	Amount
TOTAL	

TOTAL EXPENSES

Total Fixed Expenses	
Total Installment Expenses	
Total Monthly Expenses from Below	
GRAND TOTAL EXPENSES	
Plus Amount Paid to Savings	

	RECREATION / ENTERTAINMENT / EDUCATION	FAMILY	GENERAL
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	vacation trips	entertain. DVD movies music parties	lottery sports hobbies lessons clubs	computer upgrades software supplies service	seminar workshop tuition supplies	newspaper books magazines software games/apps	elder care child care sitter tutor	infant exp. allowance school exp. toys arcades	pet vet supplies services sitter	gifts cards flowers	charitable contrib. church temple	work expense dues reimbursements	prof. services legal CPA investment	other (add explanation)
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* T = Total; B = Budget; D = Difference

MONTHLY EXPENSE RECORD

Balance Forward from Last Month: _____

Cash: _____ Checking: _____ Savings: _____

NET INCOME			
			TOTAL
SALARY/COMMISSIONS			
TOTAL INCOME			
OTHER			
Subtotal Other Income			
TOTAL NET INCOME			

SAVINGS	
(Describe)	
TOTAL SAVINGS	

INVESTMENTS/RETIREMENT	
TOTAL INVESTMENTS/RETIREMENT	

		FOOD			HOUSEHOLD				TRANSPORTATION			PERSONAL		HEALTH	
		groceries	cafeteria fast food dining out school lunches	tobacco alcohol snacks beverages water	cleaner mainten. house yard pool	appliances furniture furnishings supplies	postage copies ATM fees bank fees misc.	interest taxes	gas	auto mainten. wash license	taxi transit tolls/passes parking	clothing alterations dry clean. laundry shoe care	toiletries cosmetics hair nails massage	doctor dentist vision medicine vitamins	personal growth therapy
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* T = Total; B = Budget; D = Difference

MONTHLY EXPENSE RECORD

AUGUST

FIXED EXPENSES			
Monthly	Amount	Monthly	Amount
Mortgage/Rent		Insurance:	
Assn. Fee		House/Apt	
Heating Oil/Gas		Auto	
Electricity		Life	
Water/Refuse		Health	
Garbage/Sewer		Dental	
Telephone		Disability	
Cellular Phone		Long Term	
Cable/Satellite/TiVo			
Internet			
Child Support			
Spousal Support			
TOTAL FIXED EXPENSES			

INSTALLMENT EXPENSES	
Loans/Credit Cards	Amount
TOTAL	

TOTAL EXPENSES	
Total Fixed Expenses	
Total Installment Expenses	
Total Monthly Expenses from Below	
GRAND TOTAL EXPENSES	
Plus Amount Paid to Savings	

RECREATION / ENTERTAINMENT / EDUCATION							FAMILY			GENERAL				
	vacation trips	entertain. DVD movies music parties	lottery sports hobbies lessons clubs	computer upgrades software supplies service	seminar workshop tuition supplies	newspaper books magazines software games/apps	elder care child care sitter tutor	infant exp. allowance school exp. toys arcades	pet vet supplies services sitter	gifts cards flowers	charitable contrib. church temple	work expense dues reimbursements	prof. services legal CPA investment	other (add explanation)
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	31													
T*														
B*														
D*														

* T = Total; B = Budget; D = Difference

MONTHLY EXPENSE RECORD

Balance Forward from Last Month: _____

Cash: _____ Checking: _____ Savings: _____

NET INCOME			
			TOTAL
SALARY/COMMISSIONS			
TOTAL INCOME			
OTHER			
Subtotal Other Income			
TOTAL NET INCOME			

SAVINGS	
(Describe)	
TOTAL SAVINGS	

INVESTMENTS/RETIREMENT	
TOTAL INVESTMENTS/RETIREMENT	

		FOOD			HOUSEHOLD				TRANSPORTATION			PERSONAL		HEALTH	
		groceries	cafeteria fast food dining out school lunches	tobacco alcohol snacks beverages water	cleaner mainten. house yard pool	appliances furniture furnishings supplies	postage copies ATM fees bank fees misc.	interest taxes	gas	auto mainten. wash license	taxi transit tolls/passes parking	clothing alterations dry clean. laundry shoe care	toiletries cosmetics hair nails massage	doctor dentist vision medicine vitamins	personal growth therapy
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* T = Total; B = Budget; D = Difference

MONTHLY EXPENSE RECORD

SEPTEMBER

FIXED EXPENSES

Monthly	Amount	Monthly	Amount
Mortgage/Rent		Insurance:	
Assn. Fee		House/Apt	
Heating Oil/Gas		Auto	
Electricity		Life	
Water/Refuse		Health	
Garbage/Sewer		Dental	
Telephone		Disability	
Cellular Phone		Long Term	
Cable/Satellite/TiVo			
Internet			
Child Support			
Spousal Support			
TOTAL FIXED EXPENSES			

INSTALLMENT EXPENSES

Loans/Credit Cards	Amount
TOTAL	

TOTAL EXPENSES

Total Fixed Expenses	
Total Installment Expenses	
Total Monthly Expenses from Below	
GRAND TOTAL EXPENSES	
Plus Amount Paid to Savings	

	RECREATION / ENTERTAINMENT / EDUCATION	FAMILY	GENERAL
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	vacation trips	entertain. DVD movies music parties	lottery sports hobbies lessons clubs	computer upgrades software supplies service	seminar workshop tuition supplies	newspaper books magazines software games/apps	elder care child care sitter tutor	infant exp. allowance school exp. toys arcades	pet vet supplies services sitter	gifts cards flowers	charitable contrib. church temple	work expense dues reimbursements	prof. services legal CPA investment	other (add explanation)
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* T = Total; B = Budget; D = Difference

MONTHLY EXPENSE RECORD

Balance Forward from Last Month: _____

Cash: _____ Checking: _____ Savings: _____

NET INCOME			
			TOTAL
SALARY/COMMISSIONS			
TOTAL INCOME			
OTHER			
Subtotal Other Income			
TOTAL NET INCOME			

SAVINGS	
(Describe)	
TOTAL SAVINGS	

INVESTMENTS/RETIREMENT	
TOTAL INVESTMENTS/RETIREMENT	

		FOOD			HOUSEHOLD				TRANSPORTATION			PERSONAL		HEALTH	
		groceries	cafeteria fast food dining out school lunches	tobacco alcohol snacks beverages water	cleaner mainten. house yard pool	appliances furniture furnishings supplies	postage copies ATM fees bank fees misc.	interest taxes	gas	auto mainten. wash license	taxi transit tolls/passes parking	clothing alterations dry clean. laundry shoe care	toiletries cosmetics hair nails massage	doctor dentist vision medicine vitamins	personal growth therapy
WEEK 1	1														
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T*															
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* T = Total; B = Budget; D = Difference

MONTHLY EXPENSE RECORD

OCTOBER

FIXED EXPENSES

Monthly	Amount	Monthly	Amount
Mortgage/Rent		Insurance:	
Assn. Fee		House/Apt	
Heating Oil/Gas		Auto	
Electricity		Life	
Water/Refuse		Health	
Garbage/Sewer		Dental	
Telephone		Disability	
Cellular Phone		Long Term	
Cable/Satellite/TiVo			
Internet			
Child Support			
Spousal Support			
TOTAL FIXED EXPENSES			

INSTALLMENT EXPENSES

Loans/Credit Cards	Amount
TOTAL	

TOTAL EXPENSES

Total Fixed Expenses	
Total Installment Expenses	
Total Monthly Expenses from Below	
GRAND TOTAL EXPENSES	
Plus Amount Paid to Savings	

	RECREATION / ENTERTAINMENT / EDUCATION	FAMILY	GENERAL
--	--	--------	---------

	vacation trips	entertain. DVD movies music parties	lottery sports hobbies lessons clubs	computer upgrades software supplies service	seminar workshop tuition supplies	newspaper books magazines software games/apps	elder care child care sitter tutor	infant exp. allowance school exp. toys arcades	pet vet supplies services sitter	gifts cards flowers	charitable contrib. church temple	work expense dues reimbursements	prof. services legal CPA investment	other (add explanation)
1														
2														
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T*														
B*														
D*														

* T = Total; B = Budget; D = Difference

MONTHLY EXPENSE RECORD

Balance Forward from Last Month: _____

Cash: _____ Checking: _____ Savings: _____

NET INCOME			
			TOTAL
SALARY/COMMISSIONS			
TOTAL INCOME			
OTHER			
Subtotal Other Income			
TOTAL NET INCOME			

SAVINGS	
(Describe)	
TOTAL SAVINGS	

INVESTMENTS/RETIREMENT	
TOTAL INVESTMENTS/RETIREMENT	

		FOOD			HOUSEHOLD				TRANSPORTATION			PERSONAL		HEALTH	
		groceries	cafeteria fast food dining out school lunches	tobacco alcohol snacks beverages water	cleaner mainten. house yard pool	appliances furniture furnishings supplies	postage copies ATM fees bank fees misc.	interest taxes	gas	auto mainten. wash license	taxi transit tolls/passes parking	clothing alterations dry clean. laundry shoe care	toiletries cosmetics hair nails massage	doctor dentist vision medicine vitamins	personal growth therapy
WEEK 1	1														
	2														
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* T = Total; B = Budget; D = Difference

MONTHLY EXPENSE RECORD

NOVEMBER

FIXED EXPENSES

Monthly	Amount	Monthly	Amount
Mortgage/Rent		Insurance:	
Assn. Fee		House/Apt	
Heating Oil/Gas		Auto	
Electricity		Life	
Water/Refuse		Health	
Garbage/Sewer		Dental	
Telephone		Disability	
Cellular Phone		Long Term	
Cable/Satellite/TiVo			
Internet			
Child Support			
Spousal Support			
TOTAL FIXED EXPENSES			

INSTALLMENT EXPENSES

Loans/Credit Cards	Amount
TOTAL	

TOTAL EXPENSES

Total Fixed Expenses	
Total Installment Expenses	
Total Monthly Expenses from Below	
GRAND TOTAL EXPENSES	
Plus Amount Paid to Savings	

	RECREATION / ENTERTAINMENT / EDUCATION	FAMILY	GENERAL
--	--	--------	---------

	vacation trips	entertain. DVD movies music parties	lottery sports hobbies lessons clubs	computer upgrades software supplies service	seminar workshop tuition supplies	newspaper books magazines software games/apps	elder care child care sitter tutor	infant exp. allowance school exp. toys arcades	pet vet supplies services sitter	gifts cards flowers	charitable contrib. church temple	work expense dues reimbursements	prof. services legal CPA investment	other (add explanation)
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* T = Total; B = Budget; D = Difference

MONTHLY EXPENSE RECORD

Balance Forward from Last Month: _____

Cash: _____ Checking: _____ Savings: _____

NET INCOME			
			TOTAL
SALARY/COMMISSIONS			
TOTAL INCOME			
OTHER			
Subtotal Other Income			
TOTAL NET INCOME			

SAVINGS	
(Describe)	
TOTAL SAVINGS	

INVESTMENTS/RETIREMENT	
TOTAL INVESTMENTS/RETIREMENT	

		FOOD			HOUSEHOLD				TRANSPORTATION			PERSONAL		HEALTH	
		groceries	cafeteria fast food dining out school lunches	tobacco alcohol snacks beverages water	cleaner mainten. house yard pool	appliances furniture furnishings supplies	postage copies ATM fees bank fees misc.	interest taxes	gas	auto mainten. wash license	taxi transit tolls/passes parking	clothing alterations dry clean. laundry shoe care	toiletries cosmetics hair nails massage	doctor dentist vision medicine vitamins	personal growth therapy
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* T = Total; B = Budget; D = Difference

MONTHLY EXPENSE RECORD

DECEMBER

FIXED EXPENSES			
Monthly	Amount	Monthly	Amount
Mortgage/Rent		Insurance:	
Assn. Fee		House/Apt	
Heating Oil/Gas		Auto	
Electricity		Life	
Water/Refuse		Health	
Garbage/Sewer		Dental	
Telephone		Disability	
Cellular Phone		Long Term	
Cable/Satellite/TiVo			
Internet			
Child Support			
Spousal Support			
TOTAL FIXED EXPENSES			

INSTALLMENT EXPENSES	
Loans/Credit Cards	Amount
TOTAL	

TOTAL EXPENSES	
Total Fixed Expenses	
Total Installment Expenses	
Total Monthly Expenses from Below	
GRAND TOTAL EXPENSES	
Plus Amount Paid to Savings	

		RECREATION / ENTERTAINMENT / EDUCATION					FAMILY				GENERAL				
		entertain. DVD movies music parties	lottery sports hobbies lessons clubs	computer upgrades software supplies service	seminar workshop tuition supplies	newspaper books magazines software games/apps	elder care child care sitter tutor	infant exp. allowance school exp. toys arcades	pet vet supplies services sitter		gifts cards flowers	charitable contribut. church temple	work expense dues reimburse- ments	prof. services legal CPA investment	other (add explanation)
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* T = Total; B = Budget; D = Difference

SUMMARY-FOR-THE-YEAR RECORD

		JAN.	FEB.	MAR.	APR.	MAY	JUNE	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.	Total	Mo. Avg.
Net Income	Salary/ Commission														
	Other														
Food	Groceries														
	School Lunches, Dine Out, Fast Food														
	Snacks, Beverages, Alcohol, Tobacco														
Household	Supplies, Cleaners, Maintenance, House, Yard, Pool														
	Appliances, Furniture, Furnishings, Supplies														
	Postage, ATM Fees, Bank Charges, Misc.														
	Interest, Taxes														
Transportation	Gas														
	Automobile Maintenance, Wash, License														
	Transit, Tolls, Taxi, Parking														
Personal	Clothing, Alterations, Dry Cleaning, Laundry, Shoe Care														
	Cosmetics, Hair, Nails, Massage, Toiletries														
Health	Doctor, Dentist, Vision, Medicine, Vitamins														
	Personal Growth Therapy														
Recreation	Vacation, Trips														
	Entertain., DVD, Movies, Music, Parties														
	Sports, Hobbies, Lessons, Clubs, Lottery														
	Computer, Upgrades, Software, Supplies, Service														

SUMMARY FOR MONTHLY SAVINGS/INVESTMENTS/RETIREMENT

	JAN.	FEB.	MAR.	APR.	MAY	JUNE	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.	Total
Savings													
Investments													
Retirement													
Total													

		JAN.	FEB.	MAR.	APR.	MAY	JUNE	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.	Total	Mo. Avg.
Education	Tuition, Supplies, Workshops, Seminars														
	Books, Magazines, Software, Newspaper, Games														
Family	Elder Care, Child Care, Sitter, Tutor														
	Allowance, Toys, Infant Exp., School Exp., Arcades														
	Pet, Vet, Supplies, Services														
General	Gifts, Cards, Flowers														
	Charitable Contribut., Church, Temple														
	Work Expense, Dues														
	Prof. Serv., Legal, CPA, Investment														
	Other														
Home	Mortgage, Rent, Assn. Fees														
Utilities	Gas, Electric														
	Water, Garbage														
	Phone, Cable, ISP														
Support	Child, Spousal, Club														
Insur.	Home, Auto, Life, Health, Disability, Storage														
Install.	Loans, Credit Cards														
Total	Monthly Expenses														

END-OF-THE-YEAR TAX INFORMATION

	JAN.	FEB.	MAR.	APR.	MAY	JUNE	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.	Total
Federal													
State													
FICA													
Other Deductions													
Total													

MEDICAL EXPENSE RECORD

DOCTOR, DENTIST, AND HOSPITAL VISITS

Date	Mileage	To Whom Paid	Amount	Date Submitted	Insurance Reimbursements Amount/Date Paid
Total					
Total Amount Paid					
Total Reimbursed					
Total Medical Cost					

MEDICAL EXPENSE RECORD

MEDICAL EXPENSES, PRESCRIPTIONS, AND OTHER

Date	Mileage	To Whom Paid	Amount	Date Submitted	Insurance Reimbursements Amount/Date Paid
Total					
Total Amount Paid					
Total Reimbursed					
Total Medical Cost					

INVESTMENT/SAVINGS RECORD

RESERVE FUNDS (Checking, Savings, Money Market, etc.)

Name of Institution	Type	Account Number	Date Opened	Amount Invested	Interest Rate	Owned By (husband, wife, joint)

RETIREMENT ACCOUNTS (IRA, Roth, 401(k), 403(b), SEP, Keogh, etc.)

Where Held	Type and Name	Account Number	Purchase Date	Amount Invested	Allocation

SHORT- AND LONG-TERM HOLDINGS (Mutual Funds, Stocks, Bonds, etc.)

Where Held	Type and Name	Certificate/ Account Number	Purchase Date	Amount Invested	Number of Shares	Unit Price	Dividend/ Interest Rate

OTHER (Real Estate, Collectibles, etc.)

Location/Name	Date Purchased	Cost	Monthly/Yearly Income	Location of Records

INVESTMENT/SAVINGS RECORD

RESERVE FUNDS

Contact Name/Telephone	Location of Records	Follow-Up Information (date, balance, current yield)

RETIREMENT ACCOUNTS

Owned By (husband, wife, joint)	Contact Name/ Telephone	Location of Records	Date Sold	Distribution Amount	Additional Notes (rollover information)

SHORT- AND LONG-TERM HOLDINGS

Date/Amount Dividend Paid	Maturity Date	Owned By (husband, wife, joint)	Contact Name/ Telephone	Location of Records	Date Sold	Number of Shares Sold	Net Proceeds	Gain/ Loss

OTHER

Owned By (husband, wife, joint)	Date Sold	Proceeds	Gain/Loss	Additional Notes

SAVINGS ACTIVITY RECORD

EMERGENCY

Institution: _____

Account Number: _____

	JAN.	FEB.	MAR.	APR.	MAY	JUNE	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.
Deposits												
Withdrawals												
Interest Earned												
Balance												

RESERVE

Institution: _____

Account Number: _____

	JAN.	FEB.	MAR.	APR.	MAY	JUNE	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.
Deposits												
Withdrawals												
Interest Earned												
Balance												

GOALS/CHRISTMAS AND HOLIDAY

Institution: _____

Account Number: _____

	JAN.	FEB.	MAR.	APR.	MAY	JUNE	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.
Deposits												
Withdrawals												
Interest Earned												
Balance												

OTHER

Institution: _____

Account Number: _____

	JAN.	FEB.	MAR.	APR.	MAY	JUNE	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.
Deposits												
Withdrawals												
Interest Earned												
Balance												

RETIREMENT SAVINGS RECORD

NAME							
Date	Program (IRA, 401(k), etc.):			Program (IRA, 401(k), etc.):			
	_____	_____	_____	Date	_____	_____	_____
Total				Total			

NAME							
Date	Program (IRA, 401(k), etc.):			Program (IRA, 401(k), etc.):			
	_____	_____	_____	Date	_____	_____	_____
Total				Total			

CHILD SUPPORT PAYMENT RECORD

Balance Due (from previous year) \$ _____

	①	②	⑤			⑤	③	④	
Month	Amount Due	Amount Received	Amount Past Due	Number on: x-\$ Order ✓-Check \$-Cash	Date on: x-\$ Order ✓-Check \$-Cash	Date Payment Received	Institution and Account Number	Other Expenses*	Additional Information/ Action Taken (check status, gifts, etc.)
JAN.									
FEB.									
MAR.									
APR.									
MAY									
JUNE									
JULY									
AUG.									
SEPT.									
OCT.									
NOV.									
DEC.									
Total									

*Stipulated by decree

NOTES:

CHILD SUPPORT ENFORCEMENT RECORD

Noncustodial Parent

Full Name _____	Occupation _____
Last Known Address(es) _____ _____	Last Known Employer(s) _____ _____
Address Dates _____	Address _____
Home Telephone _____	_____
Social Security Number _____	_____
Birth Date/Place _____	Address Dates _____
_____	Work Telephone _____
Height _____ Weight _____	_____

Child Support Enforcement Office

Address _____ _____
Telephone Number _____
Case Worker's Name/Telephone _____ _____
Case Number _____
Court Order Number _____ _____

Note: Get a Birth Registration Card from your Vital Statistics Office. This will have all your children's information printed on it so you will have the information handy.

CHILD VISITATION RECORD

DATES OF VISITATION

JAN.	FEB.	MAR.	APR.	MAY	JUNE	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.

SUBSCRIPTION RECORD

Publication:					
Subscription Through: Agency Address					
Telephone					
Date Ordered					
Amount Paid					
Check # or Credit Card Used					
Length (1, 2, 3 yrs.)					
Expiration Date					
Arrival Date					
Gift For:					
Other					

Publication:					
Subscription Through: Agency Address					
Telephone					
Date Ordered					
Amount Paid					
Check # or Credit Card Used					
Length (1, 2, 3 yrs.)					
Expiration Date					
Arrival Date					
Gift For:					
Other					

ONLINE AND MAIL ORDER PURCHASE RECORD

Date Ordered					
Item(s) Ordered Title Description Number Quantity Color					
Source (Internet, magazine, TV, catalog)					
Confirmation Number					
Company Name Telephone Number Address Account No.					
Price					
Total Sent					
How Paid*					
Date Received					
30-Day Return Date					
Cancellation Phone Number					
Follow-Up Notes (date called/wrote, contact person, action taken)					

*Credit card, check number, money order, COD, online bill pay

Date Ordered					
Item(s) Ordered Title Description Number Quantity Color					
Source (Internet, magazine, TV, catalog)					
Confirmation Number					
Company Name Telephone Number Address Account No.					
Price					
Total Sent					
How Paid*					
Date Received					
30-Day Return Date					
Cancellation Phone Number					
Follow-Up Notes (date called/wrote, contact person, action taken)					

*Credit card, check number, money order, COD, online bill pay

ONLINE AND MAIL ORDER PURCHASE RECORD

Date Ordered					
Item(s) Ordered Title Description Number Quantity Color					
Source (Internet, magazine, TV, catalog)					
Confirmation Number					
Company Name Telephone Number Address Account No.					
Price					
Total Sent					
How Paid*					
Date Received					
30-Day Return Date					
Cancellation Phone Number					
Follow-Up Notes (date called/wrote, contact person, action taken)					

*Credit card, check number, money order, COD, online bill pay

Date Ordered					
Item(s) Ordered Title Description Number Quantity Color					
Source (Internet, magazine, TV, catalog)					
Confirmation Number					
Company Name Telephone Number Address Account No.					
Price					
Total Sent					
How Paid*					
Date Received					
30-Day Return Date					
Cancellation Phone Number					
Follow-Up Notes (date called/wrote, contact person, action taken)					

*Credit card, check number, money order, COD, online bill pay