



Budgeting

As of _____

MONTHLY INCOME

Net Income

\$

Spouse's Net Income

\$

Gross Salary/Wages

\$

Gross Salary/Wages

\$

Less Taxes/Other Deductions

\$

Less Taxes/Other Deductions

\$

Other Income

\$

TOTAL MONTHLY INCOME

\$

MONTHLY EXPENSES

Tithe/Offerings (10-12%)

\$

Savings/Investments (5-10%)

\$

Housing (25-38%)

\$

Education/Childcare (% varies)

\$

Mortgage/Rent

\$

Tuition

\$

Insurance

\$

Books/Fees

\$

Property Taxes

\$

Childcare

\$

Gas

\$

Hot Lunch

\$

Electric

\$

Sports, Field Trips, etc.

\$

Water/Sanitation

\$

Allowance

\$

Telephone

\$

Other:

\$

Maintenance/Repair

\$

Other:

\$

Other:

\$

Clothing/Personal Care (4-6%)

\$

Other:

\$

Clothing

\$

Food (11-15%)

\$

Dry Cleaning

\$

Groceries/Paper Supplies

\$

Beauty/Barber

\$

Dining Out

\$

Medical/Dental Expenses (5%)

\$

Transportation (12-15%)

\$

Doctor/Dentist

\$

Public Transportation Pass

\$

Prescriptions

\$

Payments

\$

Other:

\$

Insurance

\$

Entertain/Recreation (2-6%)

\$

License/Taxes

\$

Cable/Satellite TV

\$

Gas/Oil

\$

Internet Access

\$

Maintenance/Repair/Replace

\$

Babysitters

\$

Insurance (5%)

\$

Movies/Rental

\$

Health Insurance

\$

Activities

\$

Life Insurance

\$

Vacation/Travel

\$

Other:

\$

Books/Subscriptions/Music

\$

Debts (0-10%)

\$

Other:

\$

Name:

\$

Miscellaneous (2-4%)

\$

Name:

\$

Cash

\$

Name:

\$

Gifts

\$

Name:

\$

Other:

\$

Name:

\$

TOTAL MONTHLY EXPENSES

\$

Name:

\$

DIFFERENCE

\$

Name:

\$