Budget Worksheet

Please use this space to map out a realistic spending plan, based on your income, expenses, and goals. Planning and monitoring expenditures will help you identify wasteful expenditures, adapt quickly as your financial situation changes, and achieve your financial goals.

| Essential budget items | Per month |
|---------------------------------|-----------|
| Household expenses | |
| Mortgage/rent | \$ |
| Utilities/cable/internet | \$ |
| General maintenance | \$ |
| Household supplies | \$ |
| Property tax & insurance | \$ |
| Credit card debt payments | \$ |
| Meals | |
| Groceries | \$ |
| Beverages | \$ |
| Essential entertaining | \$ |
| Personal care | |
| Clothing | \$ |
| Products/maintenance | \$ |
| Healthcare | |
| Medicare/supplemental insurance | \$ |
| Out-of-pocket payments | \$ |
| Dental | \$ |
| Eye doctor/glasses | \$ |
| Other essential expenses | \$ |
| Transportation | |
| Car payments/auto insurance | \$ |
| Maintenance and fuel | \$ |
| Taxes, registration, etc. | \$ |
| Essential transportation costs | \$ |
| Leisure and hobbies | |
| Essential spending | \$ |
| Gifts and holidays | \$ |
| Tax considerations | |
| Charitable contributions | \$ |
| Income tax | \$ |
| Other | \$ |
| Miscellaneous | |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| TOTAL ESSENTIAL | \$ |
| IVIAL ESSENTIAL | Ψ |

| Discretionary budget items Household expenses Home improvement New purchases \$ \$ \$ Meals Dining out Entertaining \$ Personal care The extras Products/maintenance Healthcare Other out-of-pocket insurance \$ \$ Transportation Discretionary travel Vacations Upgrades Other Leisure and hobbies Discretionary spending Gifts and holidays Tax considerations Charitable contributions Gifts Other \$ Miscellaneous \$ \$ \$ # # # # # # # # # # | | |
|--|-------------------------------|-----------|
| Home improvement \$ New purchases \$ \$ \$ \$ \$ \$ \$ \$ \$ | Discretionary budget items | Per month |
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