

**Monthly Bill Organizer - provided by SampleWorksheets.com**

Monthly Income	Medical Ded.	Total Income (Less: Medical)	Mortgage Income Monthly	Car Cost	Life Mortg.	Child Support
Wage Income						
Capital Income						
<b>Total Income</b>		<b>\$1.00</b>	<b>\$1.00</b>			
<b>Secured Debt</b>						
		<b>Paid</b>	<b>Not Paid</b>			
Mortgage 1						
Mortgage 2						
Mortgage 3						
Auto Loan 1						
Auto Loan 2						
Auto Loan 3						
Student Loan 1						
Stu. Loan 2						
<b>Total Secured Debt</b>		<b>\$1.00</b>	<b>\$1.00</b>			
<b>Unsecured Debt</b>						
		<b>Paid</b>	<b>Not Paid</b>			
Credit Card 1						
Credit Card 2						
Credit Card 3						
Credit Card 4						
Credit Card 5						
Credit Card 6						
Credit Card 7						
Credit Card 8						
Personal Loan 1						
Personal Loan 2						
Personal Loan 3						
<b>Total Unsecured Debt</b>		<b>\$1.00</b>	<b>\$1.00</b>			
<b>Utilities</b>						
		<b>Paid</b>	<b>Not Paid</b>			
Gas						
Electric						
Garbage						
Water						
Sanitation						
Telephone						
Cell Phone						
Internet Service						
Cable TV						
Satellite						
<b>Total Utilities</b>		<b>\$1.00</b>	<b>\$1.00</b>			
<b>Insurance</b>						
		<b>Paid</b>	<b>Not Paid</b>			
Auto						
Life						
Medical						
Disability						
Other						
<b>Total Insurance</b>		<b>\$1.00</b>	<b>\$1.00</b>			
<b>Total Amounts</b>						
<b>Total Amount of Bills Paid</b>		<b>\$1.00</b>	<b>\$1.00</b>			
<b>Cash after Bills Paid</b>		<b>\$1.00</b>	<b>\$1.00</b>			