

Submit by Email

Print Form

| BUDGET WORKSHEET | | | |
|-------------------------------------|----------------------|----------------------|-------------------|
| CATEGORY | BUDGET AMOUNT | ACTUAL AMOUNT | DIFFERENCE |
| INCOME: | | | |
| Wages and Bonuses | | | |
| Interest Income | | | |
| Investment Income | | | |
| Miscellaneous Income | | | |
| Income Subtotal | | | |
| INCOME TAXES WITHHELD: | | | |
| Federal Income Tax | | | |
| Social Security/Medicare Tax | | | |
| Income Taxes Subtotal | | | |
| Spendable Income | | | |
| EXPENSES: | | | |
| HOME: | | | |
| Mortgage | | | |
| Homeowners Insurance | | | |
| Property Taxes | | | |
| Home Repairs/Maintenance/HOA/Dues | | | |
| Home Improvements | | | |
| UTILITIES: | | | |
| Electricity | | | |
| Water and Sewer | | | |
| Natural Gas or Oil | | | |
| Telephone (Land Line, Cell) | | | |
| FOOD: | | | |
| Groceries | | | |
| Eating Out, Lunches, Snacks | | | |
| FAMILY OBLIGATIONS | | | |
| Child Support/Alimony | | | |
| Day Care/Babysitting | | | |
| HEALTH AND MEDICAL: | | | |
| Insurance (medical, dental, vision) | | | |
| Out-of-Pocket Medical Expenses | | | |
| Fitness (Yoga, Massage, Gym) | | | |
| TRANSPORTATION: | | | |
| Car Payments | | | |
| Gasoline/Oil | | | |
| Auto Repairs/Maintenance/Fees | | | |
| Auto Insurance | | | |
| Other (tolls, bus, subway, taxi) | | | |
| DEBT PAYMENTS | | | |
| Credit Cards | | | |
| Student Loans | | | |
| Other Loans | | | |
| ENTERTAINMENT/RECREATION: | | | |
| Cable TV/Videos/Movies | | | |