



JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC

Income	Monthly Amount
Work Income	
Work Income 2	
Work Income 3	
Child Support	
Other	
Total Income	

Expenses	Budget	Spent
Housing		
Utilities – Electric		
Utilities – Water		
Homeownership Fees		
Insurance		
Health Insurance		
Home Insurance		
Auto Insurance		
Life Insurance		
Loan Payments		
Credit Card		
Car Loan		
Student Loan		
Other Loan		
Groceries		
Food		
Toiletries		
Medical		
Doctor Visits		
Dentist Visits		
Prescription Drug Costs or CoPay		
Over the Counter Meds		
Contacts		
Transportation		
Car Maintenance		
Gas		
Parking		
Ride Share		
Public Transportation		
Other		

Expenses	Budget	Spent
Communications		
Phone / Cell Phone		
Internet		
Digital Subscription (Netflix, Amazon Prime, Hulu, AppleTV)		
Television / Cable		
Video Games		
Clothing		
Clothing		
Shoes		
Accessories		
Entertainment		
Movies		
Bars / Clubs		
Sporting Events		
Personal Care		
Health Club / Gym		
Haircuts		
Nails		
Pets		
Food		
Vet		
Groomer		
Medicine		
Pet Wants (Toys, Treats)		
Travel		
Hotel		
Flight		
Transportation		
Food		
Tickets to events / shows / museums		
Savings		
Emergency Fund		
Total Expenses		