

# Monthly Budget

## Sample

Income	
Take Home Pay	\$ _____
Investments/Interest	\$ _____
Gifts	\$ _____
Tax Refunds	\$ _____
Other Sources	\$ _____
<b>Total Income</b>	\$ _____

## Expenses

Other Expenses	
Miscellaneous	\$ _____
Bank Service Charges	\$ _____
Dues/Fees/Membership	\$ _____
Gifts; Birthdays,	\$ _____
Christmas	\$ _____
Pet Care	\$ _____
<b>Total</b>	\$ _____

Automobile	
Fuel	\$ _____
License	\$ _____
Insurance	\$ _____
Maintenance & Repair	\$ _____
Other; Parking, tolls	\$ _____
<b>Total</b>	\$ _____

<b>Donations</b>	<b>Total</b>	\$ _____
------------------	--------------	----------

<b>Daycare</b>	<b>Total</b>	\$ _____
----------------	--------------	----------

Education		
Tuitions/fees	<b>Total</b>	\$ _____

Food	
Groceries	\$ _____
Meals Out to Eat	\$ _____
<b>Total</b>	\$ _____

Looking & Feeling Good	
Clothing	\$ _____
Dry cleaning	\$ _____
Fitness (yoga, massage, gym)	\$ _____
Hair Care	\$ _____
<b>Total</b>	\$ _____

Investment & Savings	
401K/IRA	\$ _____
College Fund	\$ _____
Savings	\$ _____
Stocks/Bonds/Mutual Funds	\$ _____
<b>Total</b>	\$ _____

Household	
Mortgage or Rent	\$ _____
Insurance Home/Renters	\$ _____
Home Improvement	\$ _____
Cleaning	\$ _____
Landscaping/Lawn Care	\$ _____
Subscription Expense	\$ _____
Supplies	\$ _____
Other expenses	\$ _____
<b>Total</b>	\$ _____

Just for Fun	
Sports	\$ _____
Hobbies	\$ _____
Other Activities	\$ _____
Travel/Entertainment	\$ _____
<b>Total</b>	\$ _____

Medical Expense	
Co Pay	\$ _____
Prescription	\$ _____
Physicians/Professional Care	\$ _____
Supplies	\$ _____
Insurance	\$ _____
<b>Total</b>	\$ _____

Insurance Expense	
Disability	\$ _____
Life	\$ _____
Other Insurance	\$ _____
<b>Total</b>	\$ _____

Professional Services	
Accountant	\$ _____
Lawyer	\$ _____
<b>Total</b>	\$ _____

Taxes	
Property	\$ _____
Personal Property	\$ _____
Taxes - Other	\$ _____
<b>Total</b>	\$ _____

Debt Accounts	
Interest Expense	\$ _____
Student Loans	\$ _____
Credit Cards	\$ _____
Other Loans	\$ _____
<b>Total</b>	\$ _____

Utilities	
Cable	\$ _____
Electric	\$ _____
Gas	\$ _____
Phone	\$ _____
Trash	\$ _____
Water	\$ _____
<b>Total</b>	\$ _____

Grand Total	
<b>Total All Income</b>	\$ _____
<b>Subtract</b>	_____
<b>Total All Expenses</b>	\$ _____
<b>Bottom Line</b>	\$ _____