

Worksheet

Month _____ 20_____

Goals for month:

Income for month (Net):

| Source | Amount |
|--------------|--------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| Total | _____ |

| Installment payments | Planned | Actual |
|----------------------|---------|--------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Savings
 Amount set aside for irregular expenses _____
 Regular expenses _____
 Other _____
Total fixed expenses _____

| Transportation | Planned | Actual |
|----------------|---------|--------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Personal

Recreation

| Flexible Expenses | Planned | Actual |
|-------------------|---------|--------|
| Food | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Gifts, contributions

Other

Fixed Expenses Planned Actual

Housing

| | | |
|--------------------|-------|-------|
| Rent/house payment | _____ | _____ |
| Taxes | _____ | _____ |
| Other | _____ | _____ |

Utilities

| | | |
|-------------|-------|-------|
| Electricity | _____ | _____ |
| Gas/oil | _____ | _____ |
| Water | _____ | _____ |
| Trash | _____ | _____ |
| Telephone | _____ | _____ |
| Other | _____ | _____ |

Insurance

| | | |
|------------------|-------|-------|
| Homeowner/renter | _____ | _____ |
| Health | _____ | _____ |
| Life | _____ | _____ |
| Car | _____ | _____ |
| Other | _____ | _____ |

Clothing

Household expenses

Medical Care

Education

Total flexible expenses _____

How did you do?

Total fixed expenses _____

Total flexible expenses _____

Total monthly expenses _____

Income _____

Expenses _____

Difference _____