

SIMPLE BUDGETING WORKSHEET



Source of Income	Monthly Amount (NET)
Employment (Primary)	\$ _____
Employment (Secondary)	\$ _____
Social Security	\$ _____
Other	\$ _____
TOTAL MONTHLY INCOME	\$ _____

Now, Soon and Later Savings	Monthly Amount
"Now" OR Emergency Savings	\$ _____
Vacation	\$ _____
Other	\$ _____
TOTAL MONTHLY SAVINGS	\$ _____

Living Expenses	Monthly Amount
Mortgage / Rent	\$ _____
Homeowners / Renters Insurance	\$ _____
Electricity / Gas	\$ _____
Water / Sewer	\$ _____
Trash Removal	\$ _____
Cell Phone	\$ _____
Internet	\$ _____
Groceries	\$ _____
Other	\$ _____
Total Housing	\$ _____

Health Care Expenses	Monthly Amount
Health Insurance	\$ _____
Prescriptions	\$ _____
Co-pay / Deductibles	\$ _____
Gym Membership	\$ _____
Other	\$ _____
Total Health Care	\$ _____

Transportation Expenses	Monthly Amount
Auto Payment 1	\$ _____
Auto Payment 2	\$ _____
Gasoline	\$ _____
Insurance	\$ _____
Car Repairs / Maintenance	\$ _____
Other	\$ _____
Total Transportation	\$ _____

Wants Expenses	Monthly Amount
Personal Care	\$ _____
Dining Out	\$ _____
Online Streaming Services	\$ _____
Music Subscription Services	\$ _____
Additional Subscription Services	\$ _____
Other	\$ _____
Total Entertainment	\$ _____

Childcare Expenses	Monthly Amount
School Fees	\$ _____
School Supplies	\$ _____
Childcare	\$ _____
Other	\$ _____
Total Childcare	\$ _____

Debt Inventory	Monthly Amount
Credit Card #1	\$ _____
Credit Card #2	\$ _____
Credit Card #3	\$ _____
Student Loans	\$ _____
Personal Loans	\$ _____
Other	\$ _____
Total Debt	\$ _____

TOTAL SAVINGS	\$ _____
TOTAL MONTHLY EXPENSES	\$ _____
SUMMARY (Total income minus total expenses)	\$ _____

Date	Income / Expense	Expense Type (Want or Need)	Amount	New Balance