

Budget Planning Worksheet

ESTIMATED INCOME	YEARLY AMOUNT	MONTHLY AMOUNT	ESTIMATED EXPENSES	YEARLY AMOUNT	MONTHLY AMOUNT
SALARY AND ADJUSTMENTS			HOUSING		
NET SALARY			RENT/MORTGAGE		
(GROSS SALARY LESS F.I.C.A./MEDICARE, FEDERAL TAX, AND STATE AND LOCAL TAX)			UTILITIES		
			GAS AND ELECTRICITY		
			TELEPHONE		
NON-TAXABLE INCOME			WATER		
AFDC			TRANSPORTATION		
VETERANS BENEFITS			BUS/TRAIN		
SOCIAL SECURITY			GAS/MAINTENANCE		
OTHER			PARKING		
OTHER INCOME			FOOD AND PERSONAL		
INTEREST INCOME			GROCERIES		
INVESTMENT INCOME			CLOTHING		
			DINING OUT		
			LAUNDRY/DRY CLEANING		
			ENTERTAINMENT		
			OTHER		
			DEBT OBLIGATIONS		
			STUDENT LOANS		
			CAR PAYMENT		
			CREDIT CARDS		
			OTHER LOANS		
			INSURANCE		
			CAR		
			RENT/HOME		
			HEALTH		
			LIFE		
			HEALTH CARE		
			DEDUCTIBLE/COPAYMENTS		
			DOCTOR/DENTIST VISITS		
			PRESCRIPTIONS		
			SAVINGS		
			MISCELLANEOUS		
TOTAL INCOME			TOTAL EXPENSES		
YOUR BALANCE = _____ Yearly _____ Monthly					