

**Personal Financial Plan:
BUDGET WORKSHEET**
Monthly Income and Expenses

INCOME PER MONTH

Salary One _____
Salary Two _____
Interest _____
Dividends _____
Other (_____) _____
Other (_____) _____
Other (_____) _____
TOTAL: _____

EXPENSES:**TITHE (of gross)**

Local Church _____
Mission #1() _____
Mission #2() _____
Other #2 () _____
Other #3 () _____
TOTAL: _____

TAXES & FICA

Federal Income Tax _____
State Income Tax _____
City Wage Tax _____
St Unemployment Tax _____
FICA Social Sec _____
FICA Medicare _____
TOTAL: _____

Spendable Income #1. _____
Spendable Income #2. _____
TOTAL _____

1) SAVINGS

401K/4Q3B#1 _____
401K/403B#2 _____
Emergency Fund _____
Christmas/Birthdays _____
Car Replacement _____
Other Funds _____
TOTAL: _____

2) HOUSING

Mortgage/Rent _____
Insurance _____
Property Taxes _____
Electricity _____
Gas/Oil _____
Water/Sewer _____
Trash Removal _____
Equipment/Tools _____
Regular Maintenance _____
Scheduled Repairs _____
Pool Maintenance _____
Landscaping _____
Alarm Service _____
Other (_____) _____
Other (_____) _____
Other (_____) _____
TOTAL: _____

3) FOOD

Groceries _____
Coffee/Lunch _____
Fast Food _____
Other _____
TOTAL: _____

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4) CLOTHING

Children _____
Adults (personal) _____
Work Related _____
Other (_____) _____
TOTAL: _____

5) TRANSPORTATION

Bus/Train _____
Car Payment #1 _____
Car Payment #2 _____
Gas _____
Tolls _____
Scheduled Main. _____
Repairs _____
License/Tags. _____
Insurance _____
Other _____
TOTAL: _____

6) INSURANCE

Life _____
Medical _____
Dental _____
Other (_____) _____
TOTAL: _____

7) MEDICAL EXPENSES

Physician _____
Dentist _____
Optometrist _____
Prescriptions _____
Other (_____) _____
Other (_____) _____
TOTAL: _____

8) DEBTS

Credit Card #1 _____
Credit Card #2 _____
Credit Card #3 _____
Credit Card #4 _____
Loan #1 _____
Loan #2 _____
Loan #3 _____
Other (_____) _____
Other (_____) _____
TOTAL: _____

9) ENTERTAINMENT/RECREATION

Vacation _____
Special Trips _____
Baby-sitter _____
Dinning Out _____
Other (_____) _____
Other (_____) _____
TOTAL: _____

10) MIS/BUSINESS EXPENSES

Toiletry/Cosmetics _____
Beauty Shop/Barber _____
Laundry/Cleaning _____
Subscriptions _____
Education _____
Cable/Internet _____
Telephone _____
Children's Allowance _____
Household Items _____
Other (_____) _____
Other (_____) _____
Other(_____) _____
Other(_____) _____
TOTAL: _____

Spendable Income _____
Total Expenses. _____

Difference _____