Use the below worksheets to record and estimate your monthly income vs. your monthly expenses. Use this as a guide to planning your month to month spending. You should be able to determine, by this, if there are areas where you would be able to reduce spending or, in the case of the loans or savings, spend additional money. If you do so you should be able to maintain a positive cash flow for you and/or your family.

This expense accounting includes budget-line items for the following:

- ***Family Income***
- ***Housing Expenses***
- ***Transportation Expenses***
- ***Family Care Expenses***

- ***Living Expenses***
- ***Family Entertainment Expenses***
- ***Other Obligations***
- ***Savings / Retirement Funds***

GROUP A IDENTIFY INCOME SOURCES		
	Self	**Spouse**
Employment Income 1		
Employment Income 2		
Employment Income 3		
Employment Income 4		
Social Security Payments		
Alimony Payments		
Child Support Payments		
Gov't Support Payments		
Investment Income		
Savings		
Other Income		
Rental Property		
TOTAL / MONTH		

GROUP B FIXED MONTHLY HOUSING EXPENSES		
	Amount	**Date Due**
Mortgage *(w/escrow, Property Tax)*		
Rent		
Heating *(Fuel)*		
Telephone *(Land Line 1)*		
Telephone *(Land Line 2)*		
Telephone *(Cellular 1)*		
Telephone *(Cellular 2)*		
Electricity		
Water/Sewer		
Garbage		
Cable/Satellite Television		
Storage Unit Rental		
Homeowner / Renter Insurance		
Association Dues		
Internet Access		
TOTAL / MONTH		

GROUP C MONTHLY TRANSPORTATION EXPENSES		
	Amount	**Date Due**
Auto Loan Payment 1		
Auto Loan Payment 2		
Auto Loan Payment 3		
Automobile Insurance		
Gas / Oil		
Maintenance		
License		
Parking Fees		
Public Transportation Fees		
Toll Fees		
Vehicle Maintenance Costs		
TOTAL / MONTH		

GROUP D FAMILY CARE EXPENSES		
	Amount	**Date Due**
Health Insurance		
Life Insurance		
Disability Insurance		
Doctor / Hospital Costs		
Dental / Orthodontic Costs		
Prescription Medication		
Over-the-Counter Medication		
Child Care		
Elder Care		
Health Club Dues		
Veterinarian Costs		
TOTAL / MONTH		

GROUP E	
MONTHLY LIVING EXPENSE EXPENSES	
	Amount
Essential Groceries	
Non-Essential Groceries	
Snack's / Coffee / Bakery Goods	
Food Supplements	
Home Living Supplies	
Work/School Related Lunches	
Pet Food	
Clothing (Adult and Children)	
Clothing (Work / Uniform)	
Education Expenses *(Tuition, Books, Fees, etc.)*	
House Cleaning Services	
Lawn & Grounds Maintenance	
Postage / Shipping	
TOTAL / MONTH	

GROUP F		
FAMILY ENTERTAINMENT EXPENSES		
		Amount
Dining Out		
Movies Out		
Other Outside Entertainment		
Movie Rentals		
Entertainment Related Purchases		
Tobacco Products/Liquor		
Lottery Tickets		
Casino & Other Gambling		
Birthday & Anniversary Party Expenses		
Holiday Expenses		
Weekend / Day Trips		
Vacation Travel		
Vehicle Rental		
TOTAL / MONTH		

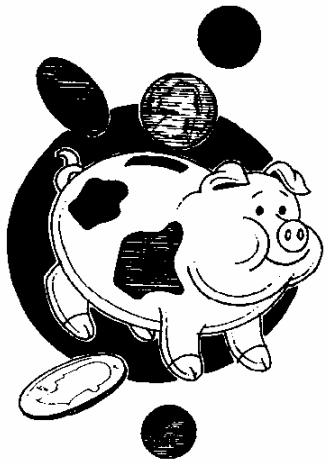
GROUP G	
MONTHLY OBLIGATIONS	
	Amount
Credit Card Payment 1	
Credit Card Payment 2	
Credit Card Payment 3	
Credit Card Payment 4	
Student Loan Payment	
Home Equity Loan / Line Payments	
Personal Loan Payment 1	
Personal Loan Payment 2	
Spousal / Child Support Payments	
Other Support Payments	
Liens or Judgments	
Other Property Taxes	
Charitable Donations *(Include Church)*	
TOTAL / MONTH	

GROUP H		
MONTHLY SAVINGS DEPOSITS		
		Amount
401K Contributions		
IRA Contributions		
Monthly Investment Deposits		
College Savings Deposits		
Retirement Savings Deposits		
General Savings Deposits		
Christmas Club Deposits		
TOTAL / MONTH		

CALCULATIONS

IDENTIFY INCOME SOURCES		
	INCOME	**DEBIT**
GROUP A (Income)		
GROUP B (Debit)		
GROUP C (Debit)		
GROUP D (Debit)		
GROUP E (Debit)		
GROUP F (Debit)		
GROUP G (Debit)		
GROUP H (Debit)		
GROUP I (Debit)		
GROUP J (Debit)		
TOTAL AMOUNTS		

TOTAL INCOME	
(MINUS) **TOTAL DEBIT**	
+/- MONTH END BALANCE	



LARGE UNSPECIFIED OR COLLECTION DEBTS

GROUP I		
IDENTIFY LARGE UNSPECIFIED INSTALLMENT DEBT		
DEBT DESCRIPTION (Creditor Name)	**TOTAL AMOUNT DUE**	**MONTHLY PAY PLAN**
TOTAL OWED		
(Trf to Calc area) TOTAL MONTHLY PAYMENTS		

GROUP J		
IDENTIFY COLLECTION DEBT		
DEBT DESCRIPTION (To whom payments are remitted & creditor)	**TOTAL AMOUNT DUE**	**MONTHLY PAY PLAN**
TOTAL OWED		
(Trf to Calc area) TOTAL MONTHLY PAYMENTS		