

Family Name _____

MONTHLY BUDGET

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GROSS INCOME _____

His Income 1: _____

His Income 2: _____

Her Income 1: _____

Her Income 2: _____

LESS:

1. Tithe (10%): _____

2. Tax (Est. including Fed, State, FICA, Etc) _____

NET SPENDABLE INCOME _____

3. Housing (25-35%) _____

Mortgage/Rent: _____

Insurance: _____

Taxes: _____

Electricity: _____

Gas: _____

Water: _____

Trash: _____

Phone: _____

Internet: _____

Cable: _____

Maintenance: _____

Misc. Savings: _____

4. Food (10-15%) _____

Groceries: _____

Dining Out: _____

5. Automobile(s) (10-15%) _____

Payments: _____

Gas/Oil: _____

Maintenance: _____

License/Taxes: _____

Insurance: _____

Misc. Savings: _____

6. Insurance (5-10%)

Life: _____

Medical: _____

Other: () _____

7. Debts (5-10%)

Credit Card 1: _____

Credit Card 2: _____

Credit Card 3: _____

Loans/Notes: _____

Other: () _____

Other: () _____

Other: () _____

8. Entertainment / Recreation (5-10%) _____

Movies: _____

Activities/Trips: _____

Vacation: _____

Other: () _____

9. Clothing (2-7%): _____

10. Savings (5-10%) _____

Emergency Fund: _____

Christmas Club: _____

Retirement: _____

Misc. Savings: _____

11. Miscellaneous (5-10%) _____

Toiletries: _____

Barber/Beauty: _____

Cleaning: _____

Allowances: _____

Lunches: _____

Subscriptions: _____

Prescriptions: _____

Other Charity: _____

Supplements/Vitamins: _____

Other: () _____

12. Investments (10-15%) _____

13. School/Child Care (5%) _____

Tuition: _____

Materials: _____

Transportation: _____

Day Care: _____

Other: () _____

TOTAL EXPENSES _____

INCOME VERSUS EXPENSES

Less Net Spendable Income _____

Less Expenses _____

Total (ZERO Budget) _____

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