How To Complete the

BUDGET WORKSHEET

Step 1: Fill out the amount for each payee. Look at the amount paid over the past month to determine the amount to use. Do not enter anything where there is already a 0.00 entered.

Step 2: Enter your total monthly income next to TOTAL INCOME. The sheet will calculate the balance remaining, which should be zero. Make adjustments on the budget until it reaches zero.

For example, if you see a negative number, then decrease a payment or two. If you see a positive, increase something on the sheet.

Step 3: As you make your payment each month, enter that in the amount paid column. This will help you adjust next month's budget accordingly.

BUDGET WORKSHEET

| BUDGETED ITEM | AMOUNT BUDGETED | ACTUAL SPENT |
|------------------------|--------------------|-----------------|
| DONATIONS | | |
| SAVINGS | | |
| Emergency Fund | | |
| Retirement Fund | | |
| College Fund | | |
| HOUSING | | |
| First Mortgage or Rent | | |
| Second Mortgage | | |
| Real Estate Taxes | | |
| Maintenance / Repairs | | |
| Insurance | | |
| UTILITIES | | |
| Electricity | | |
| Water | | |
| Gas / Oil | | |
| Sewer | | |
| Trash | | |
| Cable (or other) | | |
| Internet | | |
| Phone / Cell Phones | | |
| FOOD | | |
| Groceries | | |
| Dining Out | | |
| TRANSPORTATION | | |
| Vehicle Payment #1 | | |
| Vehicle Payment #2 | | |
| Fuel | | |
| Maintenance / Repairs | | |
| Insurance | | |
| License / Taxes | | |
| CLOTHING | | |
| Adult | | |
| Children | | |
| Cleaning / Laundry | | |

| | AMOUNT | ACTUAL |
|------------------------|----------|--------|
| BUDGETED ITEM | BUDGETED | SPENT |
| HEALTH | | |
| Health Insurance | | |
| Dental Insurance | | |
| Doctor Visits | | |
| Dentist | | |
| Optometrist | | |
| Medicine | | |
| PERSONAL | | |
| Life Insurance | | |
| Child Care / Sitter | | |
| Toiletries / Cosmetics | | |
| Household Items | | |
| Hair Care | | |
| Education / Tuition | | |
| School Supplies | | |
| Subscriptions | | |
| Organization Dues | | |
| Miscellaneous | | |
| Blow (free spending) | | |
| RECREATION | | |
| Entertainment | | |
| Vacation | | |
| ADDITIONAL DEBTS | | |
| Credit Card #1 | | |
| Credit Card #2 | | |
| Credit Card #3 | | |
| Credit Card #4 | | |
| Personal Loan | | |
| | | |
| | | |

| TOTAL Income | |
|---------------------------|--|
| TOTAL Budget | |
| NET Balance (should zero) | |