

# SPENDING PLAN

INCOME			
<b>Earnings/Income</b>			
Salary #1 (take home pay)	_____		
Salary #2 (take home pay)	_____		
Other (less taxes)	_____		
Other (less taxes)	_____		
Other (less taxes)	_____		
<b>TOTAL MONTHLY INCOME</b>	_____		
EXPENSES			
<b>Giving</b>			
Church	_____		
Other Contributions	_____		
<b>Total Giving</b>	_____		
<b>Savings</b>			
Retirement	_____		
Education	_____		
Auto Replacement	_____		
Emergency Fund	_____		
Other	_____		
<b>Total Savings</b>	_____		
<b>Consumer Debt (Monthly Payments)</b>			
Visa	_____		
MasterCard	_____		
Discover	_____		
American Express	_____		
Gas Card	_____		
Department Store	_____		
Student Loan	_____		
Family / Friends	_____		
Other	_____		
Other	_____		
Other	_____		
Other	_____		
<b>Total Consumer Debt Payments</b>	_____		
<b>Housing</b>			
Mortgage / Rent	_____		
Property Taxes	_____		
Repairs & Maintenance	_____		
Utilities:			
Electric	_____		
Gas	_____		
Water	_____		
Trash	_____		
Home Phone	_____		
Cell Phone	_____		
Internet	_____		
Cable / Satellite TV	_____		
Home Security	_____		
Lawn Care	_____		
Neighborhood Association	_____		
Furnishings / Decorating	_____		
Other	_____		
Other	_____		
<b>Total Housing</b>	_____		
			<b>Auto/Transportation</b>
			Car Payments
		_____	
			Gas
		_____	
			Registration / License
		_____	
			Repairs & Maintenance
		_____	
			<b>Total Auto/Transportation</b>
			<b>Insurance (paid by you)</b>
			Auto
		_____	
			Homeowners
		_____	
			Life
		_____	
			Medical / Dental
		_____	
			Disability
		_____	
			Other
		_____	
			Other
		_____	
			<b>Total Insurance</b>
			<b>Household/Personal</b>
			Groceries
		_____	
			Clothing / Dry Cleaning
		_____	
			Gifts
		_____	
			Household Items
		_____	
			Toiletries / Cosmetics
		_____	
			Barber / Beauty
		_____	
			Other:
			Books / Magazines
		_____	
			Allowances
		_____	
			Photos
		_____	
			Miscellaneous
		_____	
			<b>Total Household/Personal</b>
			<b>Entertainment</b>
			Meals and Entertainment
		_____	
			Babysitting
		_____	
			Vacations
		_____	
			Fitness/Sports
		_____	
			Hobbies
		_____	
			Other
		_____	
			<b>Total Entertainment</b>
			<b>Education/Professional</b>
			Education
		_____	
			Child Care
		_____	
			Doctor Co-Pays / Meds
		_____	
			Legal / Accounting
		_____	
			Bank Charges / Interest Exp.
		_____	
			Counseling
		_____	
			Professional Dues
		_____	
			Other
		_____	
			<b>Total Education/Professional</b>
			<b>Misc Small Cash Expenses</b>
			<b>TOTAL MONTHLY EXPENSES</b>
			<b>Total Monthly Income</b>
			<b>Less Total Monthly Expenses</b>
			<b>Income Over / (Under) Expenses</b>