

Sample One-Month Summary

Total Monthly Income	Current	Goal
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Housing	Current	Goal
Utilities		
Food		
Personal Care		
Transportation		
Entertainment		
Children		
Medical		
Church/Charity		
Debt Payments		
Saving		
Total Monthly Expenses		

Subtract expenses from income:

Income _____ - **Expenses** _____ = _____

Is your final number **negative** or **positive**? **Can you do better?** If so, go back and set a goal amount in categories where you see an opportunity for improvement.

INCOME

Use this chart to figure monthly income.

Use your **take-home salary** for planning.

- Don't** include bonuses, overtime or other occasional or conditional income.
- When in doubt, **underestimate** income.
- Convert non-monthly income to monthly as follows:**
Multiply biweekly income by 2.15, weekly by 4.3.

Source of Income	Amount (net)	How often?	Monthly Total
Job #1	\$		\$
Job #2	\$		\$
Spouse's Job(s)	\$		\$
Other Income _____	\$		\$
Other Income _____	\$		\$
Total	\$		\$

Expense Worksheets

Housing Expenses

Category	Amount	How Often	Monthly Total	Comments
Rent/Mortgage	\$		\$	
Property Tax	\$		\$	
Trash	\$		\$	
Water/Sewer	\$		\$	
Renter/Owner Insurance	\$		\$	
Maintenance	\$		\$	
Total	\$		\$	

Utilities

Category	Amount	How Often	Monthly Total	Comments
Electric	\$		\$	
Heat	\$		\$	
Telephone	\$		\$	
Cell Phone	\$		\$	
TV	\$		\$	
Internet	\$		\$	
Total	\$		\$	

Food

Category	Amount	How Often	Monthly Total	Comments
Groceries	\$		\$	
Work lunch	\$		\$	
School lunch	\$		\$	
Dining out	\$		\$	
Pet Food	\$		\$	
Total	\$		\$	

Personal Care

Category	Amount	How Often	Monthly Total	Comments
Clothing (Entire family)	\$		\$	
Laundry/dry cleaning	\$		\$	
Hair care/nails	\$		\$	
Cosmetics	\$		\$	
Other _____	\$		\$	
Other _____	\$		\$	
Total	\$		\$	

Transportation

Category	Amount	How Often	Monthly Total	Comments
Fuel	\$		\$	
Car payment/ lease	\$		\$	
Tolls	\$		\$	
Registration/ license	\$		\$	
Public transport	\$		\$	
Routine maintenance	\$		\$	
Total	\$		\$	

Entertainment

Category	Amount	How Often	Monthly Total	Comments
Newspapers/ Magazines/Books	\$		\$	
Gifts including Christmas/ Birthday	\$		\$	
Holiday food/ gift wrap etc.	\$		\$	
Movies: theater, rental and online	\$		\$	
Sporting goods and events	\$		\$	
Hobbies and crafts	\$		\$	
Vacation	\$		\$	
Total	\$		\$	

Children

Category	Amount	How Often	Monthly Total	Comments
Childcare	\$		\$	
Allowance	\$		\$	
Child support	\$		\$	
Field trips/books/ other school expenses	\$		\$	
Sports expenses	\$		\$	
Other	\$		\$	
Total	\$		\$	

Medical

Category	Amount	How Often	Monthly Total	Comments
Insurance premium	\$		\$	
Deductibles/ copays	\$		\$	
Prescriptions	\$		\$	
Dental	\$		\$	
Vision	\$		\$	
Veterinarian Bills	\$		\$	
Other				
Total	\$		\$	

Church and Charity

Category	Amount	How Often	Monthly Total	Comments
Tithing	\$		\$	
Donation _____	\$		\$	
Donation _____	\$		\$	
Other _____	\$		\$	
Other _____	\$		\$	
Total	\$		\$	

Debt

Category	Amount	How Often	Monthly Total	Comments
Student loan _____	\$		\$	
Credit card _____	\$		\$	
Credit card _____	\$		\$	
Credit card _____	\$		\$	
Other loan _____	\$		\$	
Other loan _____	\$		\$	
Total	\$		\$	

Saving

Category	Amount	How Often	Monthly Total	Comments
Emergency Fund	\$		\$	
Other _____	\$		\$	
Other _____	\$		\$	
Other _____	\$		\$	
Total	\$		\$	