

BUDGET/SPENDING PLAN

GROSS INCOME	MONTHLY	ANNUALLY
Individual	\$ _____	\$ _____
Spouse	\$ _____	\$ _____
Dividends	\$ _____	\$ _____
Interest	\$ _____	\$ _____
Other	\$ _____	\$ _____
TOTAL INCOME	\$ _____	\$ _____

DEDUCTIONS	MONTHLY	ANNUALLY
Taxes (Fed., State, Fica) - ___%	\$ _____	\$ _____
Medical Insurance - ___%	\$ _____	\$ _____
401k - Employee Portion ___%	\$ _____	\$ _____
Tithe/Charity - ____ %	\$ _____	\$ _____
Savings-Emergency & Future Needs- ___%	\$ _____	\$ _____
TOTAL DEDUCTIONS	\$ _____	\$ _____

BALANCE TO FUND SPENDING PLAN \$ _____ \$ _____

EXPENSES	MONTHLY	ANNUALLY
Housing:	\$ _____	\$ _____
Mortgage/Rent	\$ _____	
Real Estate Tax	\$ _____	
Insurance	\$ _____	
Utilities	\$ _____	
Cable	\$ _____	
Phones	\$ _____	
Maintenance	\$ _____	
Food:	\$ _____	\$ _____
Transportation:	\$ _____	\$ _____
Auto Payments	\$ _____	
Insurance	\$ _____	
Taxes/License	\$ _____	
Maintenance	\$ _____	
Clothing:	\$ _____	\$ _____

EXPENSES (cont.)	MONTHLY	ANNUALLY
Medical:	\$ _____	\$ _____
Physician	\$ _____	
Dentist	\$ _____	
Drugs	\$ _____	
Other	\$ _____	
Insurance:	\$ _____	\$ _____
Life	\$ _____	
Health	\$ _____	
L.T.C.	\$ _____	
Disability	\$ _____	
Education:	\$ _____	\$ _____
Materials	\$ _____	
Activities	\$ _____	
Day Care	\$ _____	
Tuition	\$ _____	
Recreation:	\$ _____	\$ _____
Vacation	\$ _____	
Family Activities	\$ _____	
Other	\$ _____	
Miscellaneous:	\$ _____	\$ _____
Charge Cards	\$ _____	
Hair	\$ _____	
Lunches	\$ _____	
Gifts/Special Occ	\$ _____	
Laundry	\$ _____	
Cash	\$ _____	
Other	\$ _____	
Debt - Existing:	\$ _____	\$ _____
(Complete Attached Form)		
Investments:	\$ _____	\$ _____
TOTAL EXPENSES	\$ _____	\$ _____
SURPLUS -	\$ _____	\$ _____
<small>(SPENDABLE INCOME LESS TOTAL EXPENSE)</small>		