

Budget Worksheet



Name: _____ Date Created: _____

Dollar amounts can be entered as monthly or annual amounts. Make sure you are consistent in using either monthly or annual amounts throughout, in order to ensure accuracy when totaling your income and expenses.

Income	Amount
Wages	
Bonuses	
Self-Employment	
Business Income	
Employer Stock Options and Restricted Stock	
Taxable Interest	
Dividends	
Capital Gains	
Tax-Exempt Interest	
Social Security	
Pension	
Retirement Account Withdrawals	
Rental Real Estate Income	
Alimony/Child Support	
Total Income	

Contributions	Amount
Employer Retirement Plan (Employee Only)	
Traditional IRA	
Roth IRA	
Cash Accounts	
Investment Accounts	
529 Accounts	
Other Savings	
Total Contributions	

Discretionary Expenses	Amount	Tax-Ded.?* Y/N
Entertainment		<input type="checkbox"/> Y <input type="checkbox"/> N
Dining Out		<input type="checkbox"/> Y <input type="checkbox"/> N
Vacation/Travel		<input type="checkbox"/> Y <input type="checkbox"/> N
Club Dues		<input type="checkbox"/> Y <input type="checkbox"/> N
Pet Care		<input type="checkbox"/> Y <input type="checkbox"/> N
Hobbies		<input type="checkbox"/> Y <input type="checkbox"/> N
Gifts to Individuals		<input type="checkbox"/> Y <input type="checkbox"/> N
Gifts to Charity		<input type="checkbox"/> Y <input type="checkbox"/> N
		<input type="checkbox"/> Y <input type="checkbox"/> N
		<input type="checkbox"/> Y <input type="checkbox"/> N
		<input type="checkbox"/> Y <input type="checkbox"/> N
Other Discretionary Expenses		<input type="checkbox"/> Y <input type="checkbox"/> N
Total Discretionary Expenses		

Total Income	
Total Expenses (Contributions plus Discretionary Expenses plus Essential Expenses)	-
Income Surplus/Deficit (Income minus Expenses)	=

Essential Expenses	Amount	Tax-Ded.?* Y/N
Home/Shelter		
Mortgage Payment (Principal and Interest)		<input type="checkbox"/> Y <input type="checkbox"/> N
Property Taxes		<input type="checkbox"/> Y <input type="checkbox"/> N
Homeowners Insurance		<input type="checkbox"/> Y <input type="checkbox"/> N
Maintenance		<input type="checkbox"/> Y <input type="checkbox"/> N
Homeowners Association Dues		<input type="checkbox"/> Y <input type="checkbox"/> N
Rent		<input type="checkbox"/> Y <input type="checkbox"/> N
Waste Removal		<input type="checkbox"/> Y <input type="checkbox"/> N
Other Housing Expenses		<input type="checkbox"/> Y <input type="checkbox"/> N
Utilities		
Electric		<input type="checkbox"/> Y <input type="checkbox"/> N
Gas		<input type="checkbox"/> Y <input type="checkbox"/> N
Water and Sewer		<input type="checkbox"/> Y <input type="checkbox"/> N
Cable/Satellite/Internet		<input type="checkbox"/> Y <input type="checkbox"/> N
Home Phone		<input type="checkbox"/> Y <input type="checkbox"/> N
Cell Phone		<input type="checkbox"/> Y <input type="checkbox"/> N
Living/Personal Expenses		
Groceries		<input type="checkbox"/> Y <input type="checkbox"/> N
Clothing		<input type="checkbox"/> Y <input type="checkbox"/> N
Dry Cleaning		<input type="checkbox"/> Y <input type="checkbox"/> N
Alimony and Child Support		<input type="checkbox"/> Y <input type="checkbox"/> N
Family Expenses		
Child Care		<input type="checkbox"/> Y <input type="checkbox"/> N
Education Expenses (K-12)		<input type="checkbox"/> Y <input type="checkbox"/> N
College Tuition		<input type="checkbox"/> Y <input type="checkbox"/> N
Auto Expenses		
Auto Loan Payment		<input type="checkbox"/> Y <input type="checkbox"/> N
Gas		<input type="checkbox"/> Y <input type="checkbox"/> N
Auto Insurance		<input type="checkbox"/> Y <input type="checkbox"/> N
Maintenance and Repairs		<input type="checkbox"/> Y <input type="checkbox"/> N
Other Transportation Expenses		<input type="checkbox"/> Y <input type="checkbox"/> N
Insurance Premiums		
Medical		<input type="checkbox"/> Y <input type="checkbox"/> N
Life		<input type="checkbox"/> Y <input type="checkbox"/> N
Disability		<input type="checkbox"/> Y <input type="checkbox"/> N
Long Term Care		<input type="checkbox"/> Y <input type="checkbox"/> N
Umbrella		<input type="checkbox"/> Y <input type="checkbox"/> N
Medical Expenses		
Physician		<input type="checkbox"/> Y <input type="checkbox"/> N
Hospital		<input type="checkbox"/> Y <input type="checkbox"/> N
Eyecare		<input type="checkbox"/> Y <input type="checkbox"/> N
Dental		<input type="checkbox"/> Y <input type="checkbox"/> N
Prescriptions		<input type="checkbox"/> Y <input type="checkbox"/> N
Debt Payments		
Credit Cards		<input type="checkbox"/> Y <input type="checkbox"/> N
Student Loans		<input type="checkbox"/> Y <input type="checkbox"/> N
Other Debt Payments		<input type="checkbox"/> Y <input type="checkbox"/> N
Income Taxes		
Federal Income Taxes		<input type="checkbox"/> Y <input type="checkbox"/> N
State Income Taxes		<input type="checkbox"/> Y <input type="checkbox"/> N
Local and City Income Taxes		<input type="checkbox"/> Y <input type="checkbox"/> N
Total Essential Expenses		