

MONTHLY BUDGET

Monthly Gross Income:	Payroll Deductions:	Giving:
Salary _____	Federal Taxes _____	Tithes* _____
Salary _____	State Taxes _____	Offerings _____
Salary _____	City Taxes _____	Other _____
Salary _____	County Taxes _____	Total Giving: <input style="width: 100%;" type="text"/>
Other _____	Health Insurance _____	
Other _____	Life Insurance _____	Total Gross Income _____
Other _____	Retirement _____	Minus _____
Other _____	_____	Total Payroll Deductions _____
Other _____	_____	Equals _____
Other _____	_____	Net Spendable Income _____
Other _____	_____	Minus _____
Total Gross Income: <input style="width: 100%;" type="text"/>	_____	Giving _____
	_____	Equals _____
	Total Payroll Deduct.: <input style="width: 100%;" type="text"/>	Adjusted Net Spendable <input style="width: 100%;" type="text"/>

Distribution of Adjusted Net Spendable

1. Savings	6. Debts	11. Miscellaneous
Short-Term _____	1. _____	Allowances _____
Long-Term _____	2. _____	Barber _____
Other _____	3. _____	Beauty _____
Other _____	4. _____	Discretionary _____
Total Savings: <input style="width: 100%;" type="text"/>	5. _____	Dry Cleaning/Laundry _____
	6. _____	Gifts _____
	7. _____	Lunch _____
	8. _____	Toiletries _____
	9. _____	_____
	10. _____	_____
	Total Debts: <input style="width: 100%;" type="text"/>	Total Miscellaneous: <input style="width: 100%;" type="text"/>
2. Housing		
Rent/Mortgage _____		
Property Taxes _____		
Insurance _____		
Maintenance _____		
Security _____		
Total Housing: <input style="width: 100%;" type="text"/>		
3. Utilities	7. Automobile	12. Entertainment & Recreation
Cable _____	Payment _____	Activities _____
Cell Phone _____	Payment _____	Eating Out _____
Cell Phone _____	Insurance _____	Health Clubs _____
Electricity _____	Gas _____	Vacation _____
Gas _____	Maintenance _____	Total Enter. & Rec.: <input style="width: 100%;" type="text"/>
Land Line Phone _____	Other _____	
Water _____	Total Automobile: <input style="width: 100%;" type="text"/>	
Other _____		
Other _____		
Other _____		
Total Utilities: <input style="width: 100%;" type="text"/>		
	8. Transportation	13. Medical/Dental
	Bus _____	Dentist _____
	Subway _____	Doctor _____
	Parking _____	Prescriptions _____
	Uber/Lyft _____	Glasses/Contacts _____
	Other _____	Other _____
	Total Transportation: <input style="width: 100%;" type="text"/>	Total Medical/Dental: <input style="width: 100%;" type="text"/>
4. Food	9. Children Expenses	14. Insurance
Groceries _____	Child Care _____	Life _____
Other _____	Tuition _____	Health _____
Other _____	Miscellaneous _____	Disability _____
Total Food: <input style="width: 100%;" type="text"/>	Total Children Exp.: <input style="width: 100%;" type="text"/>	Long-Term Care _____
		Total Insurance: <input style="width: 100%;" type="text"/>
5. Clothing:	10. Education	Adjusted Net Spendable _____
Children _____	Tuition _____	Minus _____
Adult _____	Books/Supplies _____	Total Expenses (1-14) _____
Other _____	Other _____	Equal _____
Total Clothing: <input style="width: 100%;" type="text"/>	Total Education: <input style="width: 100%;" type="text"/>	Surplus/Deficit (+/-)** <input style="width: 100%;" type="text"/>

*This amount should be at least 10% of Total Gross Income

**This amount should equal \$0