

Budget Planning Worksheets

Gross Income (pre-tax):

Income Source #1: \$___

Income Source #2: \$___

Income Source #3: \$___

Tithing: \$___

Taxes: \$___

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Net Income (Spendable):

Housing: \$_____

Rent/Mortgage \$___

Insurance \$___

Gas \$___

Electricity \$___

Other \$___

Comm.: \$_____

Cell Phone \$___

Internet \$___

Telephone \$___

Telephone #2 \$___

Other \$___

Auto: \$_____

Parking: \$___

Car Loan: \$___

Car Loan: \$___

Insurance: \$___

Gas: \$___

Maintenance: \$___

Other: \$___

Food: \$_____

Groceries: \$___

Dining Out: \$___

Other: \$___

Medical: \$_____

Medical: \$___

Dental: \$___

Insurance: \$_____

Health: \$___

Disability: \$___

Life: \$___

Other: \$___

Clothing: \$_____

Clothing: \$___

Work Clothes/Uniforms: \$___

Other: \$___

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Net Income (Spendable):

Ent/Rec. \$_____

Entertainment: \$____

Recreation: \$____

Travel: \$____

Education: \$____

Other: \$____

Misc.: \$_____

Hair Stylist \$____

Household Goods \$____

Gifts \$____

Other \$____

School/Care \$_____

Childcare: \$____

School: \$____

Investments: \$_____

Accelerated Debt Pay-off: \$____

College Savings/RESP: \$____

Retirement Savings: \$____

Investments: \$____

Other: \$____

Debt: \$_____

Credit Card #1: \$____

Credit Card #2: \$____

Credit Card #3: \$____

Student Debt: \$____

Other: \$____

Savings: \$_____

Emergency (6 month fun): \$____

Long Term Savings: \$____

Other: \$____

Notes: \$_____