

# Budget

Date: \_\_\_\_\_

INCOME	Budgeted Amount	Actual Cash Flow
Net take home wages – self		
Net take home wages – spouse		
Interest income		
Dividends		
Social Security benefits		
Other retirement income		
Other income:		
<b>Total Monthly Income</b>		
EXPENSES		
Mortgage/Rent		
Groceries		
Utilities: electricity, gas, water, telephone, etc.		
Vehicles / transportation payments		
Gas & Oil, vehicle repairs/maintenance		
Medical: doctors, dentist, prescriptions		
Insurance – home/renters		
Insurance – vehicles		
Property taxes		
Home repairs/maintenance		
Dining out		
Entertainment		
Child care		
Clothing		
Personal care		
Travel		
Subscriptions: paper, Internet, other		
Pets		
Gifts		
Other taxes		
Other:		
<b>Total Monthly Expenses</b>		
<b>Net over/under (Income – Expenses)</b>		