

# MONTHLY EXPENSES – BUDGETED VS ACTUAL

Month \_\_\_\_\_ Year \_\_\_\_\_

	BUDGETED	ACTUAL
Mortgage / Rent / Condo Fees .....	\$ _____	\$ _____
Auto: Gas / Maintenance / Repairs .....	_____	_____
Child Care .....	_____	_____
Clothing .....	_____	_____
Commuting (other than Auto) .....	_____	_____
Dining / Entertainment / Hobbies / Recreation / Vacations .....	_____	_____
Education (other than Student Loans) .....	_____	_____
Gifts / Donations .....	_____	_____
Groceries: Food / Household Supplies .....	_____	_____
Household Maintenance / Repairs .....	_____	_____
Insurance Premiums: Auto .....	_____	_____
Disability .....	_____	_____
Home / Property .....	_____	_____
Life / Accident .....	_____	_____
Medical / Dental / Medicare .....	_____	_____
Other .....	_____	_____
Loan Payments: Auto .....	_____	_____
Credit Cards / Charge Accounts .....	_____	_____
Home Equity .....	_____	_____
Student Loans .....	_____	_____
Magazines / Newspapers / Books .....	_____	_____
Medical / Dental Expenses not paid by insurance .....	_____	_____
Personal Care: Hair / Cosmetics / Etc. ....	_____	_____
Pet Food / Care .....	_____	_____
Retirement Plan Contributions (IRA / 401k / 403b / Etc.) .....	_____	_____
Savings / Investments .....	_____	_____
Taxes: Income – Federal / State / Local .....	_____	_____
Property – Real Estate / Personal .....	_____	_____
Utilities: Cable / Satellite TV .....	_____	_____
Electric .....	_____	_____
Garbage .....	_____	_____
Heating: Gas / Oil / Other .....	_____	_____
Other .....	_____	_____
Telephone .....	_____	_____
Water .....	_____	_____
Other Expenses .....	_____	_____
<b>TOTAL EXPENSES:</b> .....	<b>\$</b> _____	<b>\$</b> _____

# MONTHLY INCOME

Month \_\_\_\_\_ Year \_\_\_\_\_

	<b>HIS</b>	<b>HERS</b>
Salary / Wages .....	\$ _____	\$ _____
Bonuses / Incentives .....	_____	_____
Commissions .....	_____	_____
Interest / Dividends .....	_____	_____
Loans Repayments .....	_____	_____
Partnership Draw .....	_____	_____
Rents .....	_____	_____
Reverse Mortgage .....	_____	_____
Royalties / Licensing Fees .....	_____	_____
Self-Employment Draw .....	_____	_____
Social Security Survivors/ Benefits .....	_____	_____
Unemployment Compensation .....	_____	_____
Alimony .....	_____	_____
Child Support .....	_____	_____
Court Settlement .....	_____	_____
Disability / Long Term Care Insurance Benefits .....	_____	_____
Social Security Disability Benefits .....	_____	_____
Union Disability Benefits .....	_____	_____
VA Disability Benefits .....	_____	_____
Workers' Compensation .....	_____	_____
Annuities .....	_____	_____
Deferred Compensation .....	_____	_____
Pension / Profit-Sharing Plans .....	_____	_____
401(k) / 403(b) Plans .....	_____	_____
IRAs .....	_____	_____
Keogh / SEP Plans .....	_____	_____
Military Pension .....	_____	_____
Social Security Retirement .....	_____	_____
Other: _____ .....	_____	_____
<b>TOTAL INCOME FOR EACH PERSON:</b> .....	\$ _____	\$ _____
<b>TOTAL FAMILY INCOME:</b> .....	_____	\$ _____