CLASS

MONEY MANAGEMENT COURSES

BUDGET WORKSHEET

Plan Today. Protect Tomorrow. Prosper Always.

YOUR PAYCHECK

How often are you paid? How much is your average paycheck? Don't use the highest paycheck you might receive (i.e. plus overtime) and don't use the lowest (i.e. when you have missed days of work).

Stuck on calculations? Here's a quick reference guide for figuring out your monthly take home pay:

Paid weekly?
Pay check x 4.3 = Monthly Net Income

Paid biweekly (every two weeks)?
Pay check x 2.16 = Monthly Net Income

Paid semi-monthly (twice a month)?
Pay check x 2 = Monthly Net Income

NET INCOME

Business		Net Wages (after tax)	
(A) Gross Income Per Year	$	Net Income 1	$
(B) Gross Income Per Month *Divide (A) by 12*	$	Net Income 2	$
(C) Monthly Overhead	$	Net Income 3	$
TOTAL BUSINESS INCOME	**$**	**TOTAL NET WAGES**	**$**

ADDITIONAL NET INCOME

			Monthly Amount
Pension(s)	$	Worker's Comp	$
Child Support/Alimony	$	Rental Income	$
Social Sec/Disability	$	Unemployment	$
Annuities, Royalties, etc.	$	Bonus/Commission	$
TOTAL ADDITIONAL INCOME (ADD INCOME)			**$**
TOTAL MONTHLY INCOME			**$**
TOTAL BUS. + TOTAL SALARY + TOTAL ADDITIONAL			**$**

MONTHLY EXPENSES

HOUSING EXPENSES	Monthly
Mortgage or Rent Payment	$
Homeowners/Renters Insur.	$
Additional item(s) on home	$
Property Taxes	$
Homeowner's Association	$
Repairs/Maintenance	$
Other taxes	$
Electricity	$
Heating/Propane/Gas	$
Water/Sewer/Garbage	$
Other	$
TOTAL	**$**

FOOD & HOUSEHOLD ITEMS	Monthly
Groceries	$
Meals out/Carry Out	$
Snacks, Soda, Coffee	$
Work Lunches	$
School Lunches	$
Household, cleaning, paper products	$
TOTAL	**$**

TOBACCO/ALCOHOL/GAMBLING	Monthly
Alcohol	$
Lottery/Gambling/Bingo	$
Tobacco	$
TOTAL	**$**

TRANSPORTATION EXPENSES	Monthly
Vehicle payment #1	$
Vehicle payment #2	$
Vehicle payment #3	$
Auto Insurance	$
Gasoline	$
Tags/Licensing/Inspection	$
Repairs/Maintenance	$
Vehicle/Motor Club dues	$
Tolls/Parking	$
Bus/Train/Taxi Fare	$
Other	$
TOTAL	**$**

MEDICAL EXPENSES	Monthly
Medical/Dental/Vision Insur.	$
Prescriptions	$
Glasses/Contacts (year ÷ 12)	$
Co-payment	$
Over the Counter Products	$
Other expenses	$
TOTAL	**$**

SAVINGS	Monthly
Emergency Fund	$
Retirement	$
Other	$
Other	$
TOTAL	**$**

MISCELLANEOUS	Monthly
Charitable Contributions	$
Clothing	$
Laundry/Dry Cleaning	$
Day Care/Child Care	$
Life Insurance	$
Personal Care (hair, nails)	$
Health Club Dues/Fees	$
Occupational License Fees	$
Boat/Recreational Vehicle	$
Boat/Recreational Insurance	$
Spending Money/Misc.	$
Pet Expenses	$
Education/Extracurricular	$
TOTAL	**$**

COMMUNICATION/ENTERTAIN.	Monthly
Telephone or Bundles Package	$
Internet	$
Cable/Satellite	$
Cell Phone 1	$
Cell Phone 2	$
Movie Rentals	$
Movie Tickets	$
Concerts/Theater/Sport Events	$
Other Entertainment	$
TOTAL	**$**

CONSUMER DEBT PAYMENTS *Credit Card, Personal Loans, Medical Bills, Installment Loans*	MINIMUM PAYMENT	APR	TOTAL OWED
	$	%	$
	$	%	$
	$	%	$
	$	%	$
	$	%	$
	$	%	$