

Income	Planned	Actual
Income One		
Income Two		
Income Three		
Total		

Date: _____

Expense Totals	Planned	Actual

Expenses

Housing & Utilities	Planned	Actual
Rent or Mortgage		
Power Bill		
Water Bill		
Phone Bill		
Internet Bill		
Other Utility Bill		
Total		

Transportation	Planned	Actual
Car Payment		
Gas		
Maintenance		
Replacement		
Other		
Total		

Food	Planned	Actual
Groceries		
Restaurants		
Other		
Total		

Personal	Planned	Actual
Child Care		
Clothing & Grooming		
Pet Care		
Gifts		
Medical Expenses		
Other		
Total		

Giving	Planned	Actual
Charity One		
Charity Two		
Total		

Savings	Planned	Actual
Emergency Fund		
Savings Goal 1		
Savings Goal 2		
Savings Goal 3		
Total		

Insurance & Taxes	Planned	Actual
Health Insurance		
Car Insurance		
Life Insurance		
Disability Insurance		
Identity Theft Insurance		
Taxes		
Total		

Recreation	Planned	Actual
Spending Money		
Movies and TV		
Family Fun		
Vacations & Travel		
Hobbies		
Nightlife		
Other		
Total		

Debts	Planned	Actual
Personal Loans		
Credit Cards		
Student Loans		
Other Debts		
Total		