# MONTHLY BUDGET WORKSHEET

| MONTHLY INCOME (I) | CURRENT | REVISED |
|---|---|---|
| Gross Monthly Income (I-1) . . . . . . . . . . . . . . . . . . . . . . . | | |
| Gross Monthly Income (I-2) . . . . . . . . . . . . . . . . . . . . . . . | | |
| Rental Income (I-3) . . . . . . . . . . . . . . . . . . . . . . . . . . . . | | |
| Self-Employment Business Income (I-4) . . . . . . . . . . . . | | |
| Interest & Dividend Income (I-5) . . . . . . . . . . . . . . . . . | | |
| Child Support & Alimony (I-6) . . . . . . . . . . . . . . . . . . . | | |
| Other Income (I-7) . . . . . . . . . . . . . . . . . . . . . . . . . . . . | | |
| **TOTAL GROSS INCOME** | | |

| MONTHLY TAXES (T) | | |
|---|---|---|
| Federal Taxes (T-1) . . . . . . . . . . . . . . . . . . . . . . . . . . . . | | |
| State Taxes (T-2) . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . | | |
| Social Security (T-3) . . . . . . . . . . . . . . . . . . . . . . . . . . . | | |
| Medicare (T-4) . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . | | |
| **TOTAL TAXES** | | |

| NET INCOME = | | |
|---|---|---|
| **TOTAL GROSS INCOME - TOTAL TAXES** | | |

| CASH FLOW = | | |
|---|---|---|
| **NET INCOME - TOTAL EXPENSES (FROM BACK)** | | |

| **MONTHLY FIXED EXPENSES (FE)** | **CURRENT** | **REVISED** |
|---|---|---|
| Rent/Mortgage (FE-1) . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . | _____ | _____ |
| Savings (FE-2) . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . | _____ | _____ |
| Fixed Debt Payments (FE-3) . . . . . . . . . . . . . . . . . . . . . . | _____ | _____ |
| Medical Insurance Premiums (FE-4) . . . . . . . . . . . . . . . | _____ | _____ |
| Childcare (FE-5) . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . | _____ | _____ |
| Alimony/Child Support Paid (FE-6) . . . . . . . . . . . . . . . | _____ | _____ |
| Internet/Cable/Satellite (FE-7) . . . . . . . . . . . . . . . . . . . | _____ | _____ |

| **MONTHLY VARIABLE EXPENSES (VE)** | | |
|---|---|---|
| Food & Household Items (VE-1) . . . . . . . . . . . . . . . . . . | _____ | _____ |
| Utilities (VE-2) . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . | _____ | _____ |
| Gasoline & Transportation Expense (VE-3) . . . . . . . . . | _____ | _____ |
| Phone (VE-4) . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . | _____ | _____ |
| Variable Debt Payments (VE-5) . . . . . . . . . . . . . . . . . . . | _____ | _____ |

| **MONTHLY PERIODIC EXPENSES (PE)** | | |
|---|---|---|
| Automobile Insurance (PE-1) . . . . . . . . . . . . . . . . . . . . . | _____ | _____ |
| Auto Maintenance (PE-2) . . . . . . . . . . . . . . . . . . . . . . . . | _____ | _____ |
| Home Maintenance (PE-3) . . . . . . . . . . . . . . . . . . . . . . . | _____ | _____ |
| Auto & Personal Property Taxes (PE-4) . . . . . . . . . . . . | _____ | _____ |
| Life Insurance and Disability Insurance (PE-5) . . . . . . | _____ | _____ |
| Medical Expenses (PE-6) . . . . . . . . . . . . . . . . . . . . . . . . | _____ | _____ |
| Membership and Dues (PE-7) . . . . . . . . . . . . . . . . . . . . | _____ | _____ |

| **MONTHLY DISCRETIONARY EXPENSES (DE)** | | |
|---|---|---|
| Gifts (DE-1) . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . | _____ | _____ |
| Vacations (DE-2) . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . | _____ | _____ |
| Clothing (DE-3) . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . | _____ | _____ |
| Entertainment (DE-4) . . . . . . . . . . . . . . . . . . . . . . . . . . . | _____ | _____ |
| Subscriptions (DE-5) . . . . . . . . . . . . . . . . . . . . . . . . . . . | _____ | _____ |
| Personal Care (DE-6) . . . . . . . . . . . . . . . . . . . . . . . . . . . | _____ | _____ |
| Charitable Giving (DE-7) . . . . . . . . . . . . . . . . . . . . . . . | _____ | _____ |
| Other (DE-8) . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . | _____ | _____ |
| **TOTAL EXPENSES** | [        ] | [        ] |