# **Monthly Budget**

# WORKSHEET



## Monthly Income:

(after	taxes)

Income/Salary (all sources)	
Investment Income	
Other Income	
Savings	
Total Monthly Income	

## **Monthly Expenses:**

#### Home

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Mortgage/Rent/HOA	
Gas	
Electricity	
Water	
Telephone	
Cable	
Internet	
Security	
Landscaping	
Home/Renter's Insurance	
Total Home	

#### **Food**

Groceries	
Dining Out	
Total Food	

#### **Auto/Transportation**

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Auto Loan/Lease	
Auto Insurance	
Maintenance/Repairs	
Registration	
Gas	
Parking	
Public Transit	
Total Auto	

#### Personal

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Clothing/Shoes	
Dry Cleaning	
Barber/Salon	
Cosmetics	
Total Personal	

### Other

Child Care	
Pets	
Charitable Contributions	
Personal/Student Loans	
Total Other	

#### **Entertainment**

Total Entertainment	
Concerts/Plays/ Shows	
Books	
Subscriptions	
Gifts	
Vacation/Travel	
Movies	

#### Health

Toiletries	
Pharmacy/Vitamins	
Gym	
Health Insurance	
Life Insurance	
Total Health	

## Total Monthly Expenses

#### **Totals:**

Total Monthly Income	
- Total Monthly Expenses	
= Net Cash Flow	

