	Α	В	С	D
1	INCOME			
2	Income Sources	Monthly Amount		
3				
4				
5				
	Total Spendable Monthly Income			
6	(Use this amount for line 122 below)	\$		
7				
8	DEBT			
		Total Outstanding	Minimum Monthly	Interest Rate %
9	Creditors (for Unsecured Debts)	Balance	Payment	
10	0.00.000 (161 0.10000.100 202.0)		,	
11				
12				
13				
14				
15				
16				
10	Total Minimum Monthly Payments			
17	(Use this amount for line 34 below)	¢	¢	
	(eco tino unicum for inic or solow)	\$	\$	
18	EN ATMENTATED			
19	EXPENSES			
	Expenses	Monthly Amount		
	Auto & Transportation			
	Auto Loan Payment(s)			
	Gasoline			
	Auto Service & Maintenance			
	Auto Registration			
	Auto Insurance			
	Tolls			
28	Parking			
29	Public Transportation			
30	Bank Fees			
31	ATM Fees			
32	Non-Sufficient Funds & Late Fees			
33	Bills & Utilities			
34	Total Minimum Monthly Payment on Unsecured Debt			
	Alimomy Payable			
	Electricity			
	Gas			

		DODGEI		
	Α	В	С	D
	Home Equity Loan Payment			
	Home Phone			
	Home, Yard & Pool Maintenance			
	Homeowner's Association Fee			
	Homeowner's or Renter's Insurance			
	Internet			
	Mobile Phone(s)			
	Mortgage Payment (P & I only)			
46	Refuse Pickup			
47	Rent			
48	Security System			
49	Sewer			
50	Storage Unit Rent			
51	Television			
52	Water			
53	Cash Withdrawals			
54	Charity Donations			
55	Education			
56	Books & Supplies			
57	Tuition & Fees			
58	Uniforms			
59	Entertainment			
60	Activities			
61	Music & Movies			
62	Newspaper & Magazine Subscriptions			
63	Financial			
64	Accountant			
65	Life Insurance Program			
66	Long Term Care Insurance Premiums			
	Organizing			
	Food			
69	Dining Out (fast food, coffee & drinks)			
	Groceries			
71	Gifts Given			
72	Health & Fitness (if not withheld from paycheck)			
	Dental Bills (amount not covered by insurance)			
	Dental Insurance			
	Eye Care Bills (amount not covered by insurance)			
	Gym & Sports Club Memberships			
	Health Insurance			
	Medical Bills (amount not covered by insurance)			
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		JDGE1	ı	1
	A	В	С	D
	Pharmacy Bills (amount not covered by insurance)			
	RX Insurance			
	Sports			
82	Vision Insurance			
83	Kid's Expenses			
84	Allowance			
85	Childcare			
86	Child Support			
87	Kid's Activities			
88	Toys			
89	Personal Care			
90	Hair & Nails			
91	Laundry & Dry Cleaning			
92	Spa & Message			
93	Pet Care			
94	Food			
95	Grooming			
96	Vaccines & Medications			
97	Veterinarian Visits			
98	Shopping			
99	Books			
100	Clothing			
101	Electronics & Software			
102	Hobbies			
103	Household Items			
104	Sporting Goods			
105	Taxes			
106	Estimated Federal Tax Payments			
107	Estimated State Tax Payments			
108	Property Tax			
109	Travel			
110	Hotel			
111	Transportation			
112	Vacation Activities			
	Contributions to Savings			
113	(if not withheld from paycheck)			
114	Retirement			
115	College			
	Targeted Savings (for vacay, home improvements, etc)			
	Rainy Day Savings			
		-	•	

	А	В	С	D
118	Total Monthly Expenses (use this amount for line 123 below)			
119				
120				
121	MONTHLY SUMMARY			
122	Total Spendable Monthly Income			
123	Total Monthly Expenses			
124	Total Monthly Excess Income (or Deficiency)			