

# MONTHLY INCOME AND EXPENSES

<b>GROSS INCOME PER MONTH</b> _____		<b>8. Enter./Recreation</b> _____	
Salary	_____	Eating Out	_____
Interest	_____	Baby Sitters	_____
Dividends	_____	Activities/Trips	_____
Other (_____)	_____	Vacation	_____
Other (_____)	_____	Other (_____)	_____
		Other (_____)	_____
<b>LESS:</b>		<b>9. Clothing</b>	_____
<b>1. Tithe</b>	_____	<b>10. Savings</b>	_____
<b>2. Tax</b> (Est. - Incl. Fed., State, FICA)	_____	<b>11. Medical Expenses</b>	_____
<b>NET SPENDABLE INCOME</b>	<u>_____</u>	Doctor	_____
<b>3. Housing</b>	_____	Dentist	_____
Mortgage (rent)	_____	Drugs	_____
Insurance	_____	Other (_____)	_____
Taxes	_____	<b>12. Miscellaneous</b>	_____
Electricity	_____	Toiletry, cosmetics	_____
Gas	_____	Beauty, barber	_____
Water	_____	Laundry, cleaning	_____
Sanitation	_____	Allowances, lunches	_____
Telephone	_____	Subscriptions	_____
Maintenance	_____	Gifts (incl. Christmas)	_____
Other (_____)	_____	Cash	_____
Other (_____)	_____	Internet	_____
<b>4. Food</b>	_____	Other (_____)	_____
<b>5. Automobile(s)</b>	_____	Other (_____)	_____
Payments	_____	<b>13. Investments</b>	_____
Gas and Oil	_____	<b>14. School/Child Care</b>	_____
Insurance	_____	Tuition	_____
License/Taxes	_____	Materials	_____
Maint./Repair/Replace	_____	Transportation	_____
<b>6. Insurance</b>	_____	Day Care	_____
Life	_____	Other (_____)	_____
Medical	_____	<b>TOTAL EXPENSES</b>	<u>_____</u>
Other (_____)	_____	<b>INCOME VERSUS EXPENSES</b>	
<b>7. Debts</b>	_____	<b>Net Spendable Income</b>	_____
Credit Card	_____	<b>Less Expenses</b>	_____
Loans and Notes	_____		<u>_____</u>
Other (_____)	_____		
Other (_____)	_____		