

Estimated Spending Plan

Income

Monthly Salary _____
Interest _____
Dividends _____
Commissions, Bonus, Tips _____
Retirement Income _____
Net Business Income _____
Cash Gifts _____
Child Support/Alimony _____

Total: _____

1. Giving

Local Church _____
Poor & Needy _____
Ministries _____

Total: _____

2. Taxes

Federal _____
Medicare/Social Security _____
State & Local _____

Total: _____

3. Saving & Investing

Emergency Savings _____
Auto Replacement _____
Retirement Plans _____
College Funds _____
Stocks & Bonds _____
IRA _____

Total: _____

4. Housing

Mortgage _____
Pre-pay mortgage _____
Property Tax _____
Home/Flood Insurance _____
Rent & Renters Insurance _____
Electricity _____
Lawn & Garden Care _____
Water/ Sanitation _____
Phone(s) _____
Gas _____
Maintenance/Pool _____
TV & Internet _____
Pest Control/Termite Bond _____
HOA/Condo Dues _____

Total: _____

5. Food

Groceries _____
Eating Out _____

Total: _____

6. Transportation

Auto Payments _____
Gas & Oil _____
Auto Insurance _____
Licenses & Taxes _____
Repairs & Maintenance _____
Tolls/Parking/Transit _____
AAA/Auto Club _____

Total: _____

7. Clothing

Adults _____

Children/Diapers _____

Laundry/Dry Cleaning _____

Total: _____

8. Medical & Health

Doctor _____

Dentist _____

Prescriptions _____

Eye Care/Glasses _____

Insurances _____

Disability Insurance _____

Long-Term Care Insurance _____

Deductibles _____

HSA/Flexible Spending _____

Total: _____

9. Education

Adult Education _____

Kids Tuition/Supplies _____

Tutoring/Activities _____

Total: _____

10. Entertainment/Vacations

Activities _____

Vacations/Travel _____

Books/Movies _____

Total: _____

11. Debts (see debt list)

12. Personal

Allowances _____

Childcare/Babysitting _____

Life Insurance _____

Liability Insurance _____

Cleaning Supplies _____

Toiletries/Cosmetics _____

Hair Care _____

Vitamins/Supplements _____

Gifts- Birthdays _____

Gifts- Christmas _____

Gifts- Weddings/Anniversaries _____

Gifts- Graduation _____

Postage _____

Alimony/Child Support _____

Pet Food/Supplies/Vet _____

Vaccinations/Prescriptions _____

Boarding/Pet Sitting _____

Tax Preparation/Legal _____

Sports/Hobbies _____

Bank Charges/Fees _____

Credit Card Charges/Fees _____

Family Pictures _____

Subscriptions/Dues _____

Total: _____

Total Income: _____

Minus Total Expenses: _____

Equals Surplus or Deficit: _____