Use this worksheet to see how much money you spend this month. Then, use this month's information to help you plan next month's budget. Some bills are monthly and some come less often. If you have an expense that does not occur every month, put it in the "Other expenses this month" category.

| INCOME |  |  |  |
| :---: | :---: | :---: | :---: |
| Income | Paychecks (salary after taxes, benefits, and check cashing fees) | \$ |  |
|  | Other income (after taxes) | \$ |  |
|  | Total monthly income | \$ |  |
|  |  |  |  |
| EXPENSES |  | \$ |  |
| Housing | Rent or mortgage | \$ |  |
|  | Renter's insurance or homeowner's insurance | \$ |  |
|  | Utilities (like electricity and gas) | \$ |  |
|  | Internet, cable, and phones | \$ |  |
|  | Other housing expenses (like property taxes) | \$ |  |
| Food | Groceries and household supplies | \$ |  |
|  | Meals out | \$ |  |
|  | Other food expenses | \$ |  |
| Transportation | Public transportation and taxis | \$ |  |
|  | Gas for car | \$ |  |
|  | Parking and tolls | \$ |  |
|  | Car maintenance (like oil changes) | \$ |  |
|  | Car insurance | \$ |  |
|  | Car loan | \$ |  |
|  | Other transportation expenses | \$ |  |


| EXPENSES continued |  |  |
| :---: | :---: | :---: |
| Health | Medicine | \$ |
|  | Health insurance | \$ |
|  | Other health expenses (like doctors' appointments and eyeglasses) | \$ |
| Personal \& Family | Money given or sent to family | \$ |
|  | Clothing and shoes | \$ |
|  | Laundry | \$ |
|  | Donations | \$ |
|  | Entertainment (like movies and amusement parks) | \$ |
|  | Other personal or family expenses (like beauty care) | \$ |
| Finance | Fees for cashier's checks and money transfers | \$ |
|  | Prepaid cards and phone cards | \$ |
|  | Bank or credit card fees | \$ |
|  | Other fees | \$ |
| Other | School costs (like supplies, tuition, student loans) | \$ |
|  | Other payments (like credit cards and savings) | \$ |
|  | Other expenses this month | \$ |
| TOTAL MONTHLY EXPENSES |  | \$ |

