

My Spending Plan



Money You Earn Each Month

	January	February	March	April	May	June	July	August	September	October	November	December
Full time job												
Part time job												
Freelance work												
Alimony/Child Support												
Retirement Income												
Unexpected Income (Tax Refund, Gifts, etc.)												
Other Income												
TOTAL												

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Money You Save Each Month

	January	February	March	April	May	June	July	August	September	October	November	December
Emergency Fund												
Retirement												
Buying a home												
Buying a car												
College												
Short-term Goals (<12 months)												
Medium-term Goals (12 months - 5 years)												
Long-term Goals (5+ years)												
TOTAL												

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Money You Spend Each Month

	January	February	March	April	May	June	July	August	September	October	November	December
Housing												
Mortgage/Rent												
Home Equity Loan/Line												
Property Taxes												
Home Owner or Renters Insurance												
Home Owner Association Fee												
Maintenance Assessments												
Lawn Maintenance												
Cleaning and Repairs												
Pest Control												
TOTAL												

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Money You Spend Each Month, Continued

	January	February	March	April	May	June	July	August	September	October	November	December
Utilities												
Electricity												
Water												
Gas												
Sewer												
Trash												
Cable												
Internet/Streaming Services (includes video and music services, etc.)												
Cell Phone												
Landline Telephone												
TOTAL												

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Money You Spend Each Month, Continued

	January	February	March	April	May	June	July	August	September	October	November	December
Transportation												
Car Payment 1												
Car Payment 2												
Car Insurance												
Car Maintenance												
Vehicle tag, annual inspection												
Bus/Train/Taxi												
Tolls												
Gas												
TOTAL												

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Money You Spend Each Month, Continued

	January	February	March	April	May	June	July	August	September	October	November	December
Health and Wellness												
Doctor/Copays												
Health Insurance Premiums												
Disability Insurance Premiums												
Life Insurance Premiums												
RXs												
Gym Membership												
Dentist												
Vision Care (exam, glasses, contacts)												
TOTAL												

TIP If the costs of health/life/dental/vision insurance are deducted from your paycheck, then you don't need to itemize them here.

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	January	February	March	April	May	June	July	August	September	October	November	December
Recreation												
Eating Out												
Travel/Vacation												
Movies/Concerts/ Sporting Events												
Hobbies												
Books and Magazines												
TOTAL												
Family Expenses												
Groceries												
Toiletries												
Cosmetics												

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	January	February	March	April	May	June	July	August	September	October	November	December
Salon Services (mani/pedi, hair care, etc.)												
Child Care												
Children Extracurricular Activities												
School Tuition												
School Supplies												
Adult Dependent Care												
Pet Food and Supplies												
Pet Insurance Premiums												
Clothes and Shoes												
Dry Cleaning/Laundry												
Holiday Entertainment												
Holiday/Birthday Gifts												

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Money You Spend Each Month, Continued

	January	February	March	April	May	June	July	August	September	October	November	December
Gift wrap & cards												
Postage/shipping												
TOTAL												

	January	February	March	April	May	June	July	August	September	October	November	December
Debts												
Student Loan(s)												
Alimony/Child Support												
Credit Card 1												
Credit Card 2												
TOTAL												

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	January	February	March	April	May	June	July	August	September	October	November	December
Charitable Giving												
TOTAL												

Grand Totals

	January	February	March	April	May	June	July	August	September	October	November	December
Total money you earn each month (from page 1)												
Total money you save each month (from page 2)												
Total money you spend each month (from pages 2-10)												
Surplus/Deficit												

Surplus – Good job! You are living within your budget. You can use this money to save or to pay down debt.

Deficit – Amount of additional income or expense reduction needed to balance your budget.

Note: Not all expenses occur monthly, so plan ahead to make sure you’re prepared for quarterly or annual expenses.

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