

Use this worksheet to record your cash flow this month, then use the information to help you plan next month's cash flow.

INCOME	MONTHLY (CURRENT)	MONTHLY (GOAL)
Caregiver take home income from employment and benefits (after taxes & deductions)	\$	\$
Spouse's take home income from employment and benefits (after taxes & deductions)	\$	\$
Other income (child support, second job, etc., after taxes)	\$	\$

TOTAL MONTHLY TAKE HOME INCOME

A

\$ \$

SAVING AND INVESTING*	MONTHLY (CURRENT)	MONTHLY (GOAL)
Contributions to savings	\$	\$
Contributions to investments (IRA, other investment accounts)	\$	\$

TOTAL MONTHLY SAVINGS AND INVESTING

B

\$ \$

HOUSING	MONTHLY (CURRENT)	MONTHLY (GOAL)
Monthly mortgage and property taxes (enter "0" if renting)	\$	\$
Monthly rent payment (enter "0" if you only have a mortgage)	\$	\$
Renters insurance or homeowners insurance not included in mortgage	\$	\$
Utilities (electricity, gas, etc.)	\$	\$
Internet, cable and phones	\$	\$
Other housing expenses (pest control, lawn service, etc.)	\$	\$

FOOD	MONTHLY (CURRENT)	MONTHLY (GOAL)
Groceries and household supplies	\$	\$
Dining out	\$	\$
Other food expenses	\$	\$

TRANSPORTATION	MONTHLY (CURRENT)	MONTHLY (GOAL)
Vehicle loan payment(s)	\$	\$
Vehicle insurance	\$	\$
Vehicle fuel	\$	\$
Vehicle maintenance (1/12 of annual total)	\$	\$
Public transportation (Metro, bus, etc.), parking, tolls, ride sharing	\$	\$
Other transportation expenses	\$	\$

* Contributions to employer-sponsored retirement plans are not included in this Build Your Budget Worksheet.

HEALTH	MONTHLY (CURRENT)	MONTHLY (GOAL)
Medicines and supplements	\$	\$
Health insurance deductibles/co-pays	\$	\$
Additional medical expenses (therapy, equipment, travel costs to appointments)	\$	\$

PERSONAL AND FAMILY	MONTHLY (CURRENT)	MONTHLY (GOAL)
Child care	\$	\$
Child and/or spousal support	\$	\$
Clothing and shoes	\$	\$
Money given to family members	\$	\$
Entertainment (movies, streaming services, magazines, etc.)	\$	\$
Vacations	\$	\$
Pets	\$	\$
Memberships and subscriptions	\$	\$
Other personal or family expenses	\$	\$

OTHER EXPENSES	MONTHLY (CURRENT)	MONTHLY (GOAL)
Credit card minimum payments	\$	\$
Student loan payments	\$	\$
Other loans (furniture stores, appliances, HVAC systems, etc.)	\$	\$
School costs (tuition, supplies, etc.)	\$	\$
Life insurance (monthly premiums paid for private policies)	\$	\$
Other expenses (bank, credit card, ATM, and other fees)	\$	\$

TOTAL MONTHLY EXPENSES	C	\$	\$
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TOTALS		MONTHLY (CURRENT)	MONTHLY (GOAL)
Income	A	\$	\$
Savings and Investments	- B	\$	\$
Monthly Expenses	- C	\$	\$
Difference	=	\$	\$

*If your income is more than your expenses, you have money left to save or spend.
If your expenses are more than your income, look for expenses to reduce or cut.*