

Monthly Budget Planner for the Month of: _____

Type of Income	Amount Earned
Total Income	

Income Minus Expenses	Amount
Total Income	
Total Expenses	
Net Loss/Gain	

Name of Expense	Amount Owed
Rent/Mortgage Payment (include insurance, taxes, etc.)	
Electric Bill	
Gas/Oil Bill	
Water & Sewer Bill	
Cell Phone, Internet, Cable	
Groceries & Food	
Car Payment & Insurance	
Transportation Costs (gas for car, parking, tolls, etc.)	
Health Insurance	
Prescription & Doctor visit copays and unreimbursed medical expenses	
Family Obligations (Child Support, Alimony, Child Care)	
Savings Payments (to savings account, 401k plan, etc.)	
Credit Card Payments	
Student Loan Payments	
Other Debt Payments	
Entertainment Costs (movies, dinners out, etc.)	
Subscriptions (magazines, movie rentals, services etc.)	
Misc. Expenses	
Total Expenses	