My Monthly Budget

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.

Month _____   Year _____

My Income This Month

Paychecks (salary after taxes, benefits, and check cashing fees)	
Other income (after taxes) for example: child support	
TOTAL INCOME	

My Expenses This Month

HOUSING		
	Rent or Mortgage	
	Renter's Insurance or Homeowner's Insurance	
	Utilities (like electricity and gas)	
	Other housing expenses	
	TOTAL HOUSING	

FOOD		
	Groceries and household supplies (such as cleaning supplies)	
	Meals out	
	Other food expenses	
	TOTAL FOOD	

TRANSPORTATION	Public transportation, taxis, or Uber	
	Gas for car	
	Parking or tolls	
	Care maintenance (like oil changes)	
	Car insurance	
	Car loan payment	
	Other transportation expenses	
	TOTAL TRANSPORTATION	

PERSONAL & FAMILY	Child care	
	Child Support	
	Money given or sent to family	
	Clothing and shoes	
	Laundry	
	Entertainment (like movies, etc.)	
	Cell phone	
	Other personal expenses or family expenses (like haircuts, etc.)	
	TOTAL PERSONAL & FAMILY	

HEALTH	Medications (Prescription or over-the-counter)	
	Health & Dental Insurance	
	Other health expenses (like doctor's appointment, eyeglasses, or dentist appointments)	
	TOTAL HEALTH	

OTHER	School costs (such as children's lunch money or activities)	
	Other payments (like credit cards)	
	Savings Account or Emergency Fund	
	Other expenses this month	
	Other expenses this month	
	TOTAL OTHER	

TOTAL INCOME	

MINUS

TOTAL MONTHLY EXPENSES (Add all grey boxes together & add the amount here)	

EQUALS

Maybe your income is more than your expenses. You have money left to save or spend.

Maybe your expenses are more than your income. Look at your budget to find expenses to cut.

This simple budgeting worksheet was provided with help from consumer.gov by: