

Spending Plan Worksheet

- Instructions:**
1. Calculate monthly net income in box 1
 2. Estimate monthly expenses (sum of fixed (2a), controllable (2b) and monthly portion of periodic expenses (2c))
 3. Compare income and expenses and make adjustments

1. Monthly net income

Net* monthly wages	\$ _____
Net monthly wages of others in home	\$ _____
Public assistance/food stamps	\$ _____
Unemployment/disability	\$ _____
Child support/alimony	\$ _____
Social Security/retirement	\$ _____
Other	\$ _____
Other	\$ _____
Total monthly net income	\$ _____

* After tax withholding and other deductions

3. Compare income & expenses

Net* monthly income	\$ _____
Estimated expenses:	
Fixed.....	\$ _____
Controllable.....	\$ _____
Periodic.....	\$ _____
(monthly portion)	
	minus \$ _____
Balance	\$ _____

2c. Periodic expenses

These are expenses that come up once or twice a year. Fill in the estimated costs under the month they are due. Taxes, insurance premiums, auto servicing, tires, license, birthdays and holidays, educational costs, vacations, etc. Do not include taxes withheld from your paycheck, but do include estimated tax payments you make to the IRS. Add your total yearly periodic expenses and divide by 12 to determine the monthly portion.

Jan _____	July _____
Feb _____	Aug _____
Mar _____	Sept _____
Apr _____	Oct _____
May _____	Nov _____
June _____	Dec _____

Subtotal \$ _____

Subtotal \$ _____

$$\frac{\text{Total Periodic Expenses}}{12} = \text{Monthly portion periodic expenses}$$

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2a. Fixed expenses

Housing	
Rent or Mortgage	\$ _____
Insurance/Taxes*	\$ _____
Utilities	
Telephone	\$ _____
Heating	\$ _____
Electricity`	\$ _____
Trash/garbage	\$ _____
Water	\$ _____
Sewer	\$ _____
Cable	\$ _____
Other: _____	\$ _____
Credit Card Payments	
_____	\$ _____
_____	\$ _____
_____	\$ _____
Auto	
Loan payment	\$ _____
Insurance*	\$ _____
License	\$ _____
Child Support/Alimony	\$ _____
Life Insurance*	\$ _____
Other	
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total Monthly Estimated Fixed Expenses	\$ _____

2b. Controllable expenses

Food	
Groceries	\$ _____
Food eaten out	\$ _____
Household Expenses	
Repairs & supplies	\$ _____
Furnishings & appliances	\$ _____
Outside upkeep	\$ _____
Transportation	
Gas and repairs	\$ _____
Other transportation	\$ _____
Personal/Medical Care	
	\$ _____
Education/Reading	
	\$ _____
Travel & Entertainment	
	\$ _____
Child/Elder Care	
	\$ _____
Charity/Gifts/Special Expenses	
	\$ _____
Clothing	
	\$ _____
Savings	
	\$ _____
Other	
	\$ _____
Total Monthly Estimated Fixed Expenses	\$ _____

* Monthly portion of premiums if NOT paid by employer OR automatically deducted from your paycheck OR listed with your periodic expenses on page 2.