

DIRECTIONS:

Please use whole dollars only (no pennies!)

Please fill in all yellow areas

To keep this simple - use your net pay and do not include withheld expenses like 401K or medical ins.

You can do this worksheet for the following ways...

Fill out using what has happened in the last 12 months - a monthly average spent

Fill out for what you plan to spend on average for the next 12 months - your future budget

Check out the Summary and Chart Tab for a different look at your expenses. **DON'T INSERT ROWS** for these to work.

Abundance Budget PAGE 1

Your Name:**MONTHLY COSTS****TOTALS**

Add up numbers on the left in the yellow squares for each section.

LOAN & OTHER FIXED PAYMENTS:

HOME MORTGAGE (PRINCIPAL & INTEREST)
HOME EQUITY LOAN
AUTO LOAN/LEASE
OTHER LOANS (2ND HOME, RENTAL PROPERTY MORTGAGE)
STUDENT LOANS
CREDIT CARD PAYMENTS (MINIMUMS)
CREDIT CARD PAYMENTS (Additional principal)
ALIMONY AND CHILD SUPPORT PAYMENTS (if not taken out of your wages)

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HOME COSTS:

REAL ESTATE TAXES (if not in mortgage)
UTILITIES: TELEPHONE
UTILITIES: CELL PHONES
UTILITIES: HEAT - GAS OR OIL
UTILITIES: WATER & SEWER & TRASH
UTILITIES: OTHER _____
CABLE TV & INTERNET FEES
OUTSIDE WORK (LANDSCAPING & SNOWPLOWING)
HOUSE REPAIRS
DOMESTIC HELP & HOUSE CLEANING
HOUSEHOLD PURCHASES (FURNITURE, RUGS, ETC)
HOME INSURANCE (if not in mortgage)
RENT or CONDOMINIUM FEE

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SAVINGS

EMERGENCY SAVINGS
SAVINGS FOR _____
SAVINGS FOR _____

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FOOD, SUPPLIES & OTHER FIXED EXPENSES:

GROCERIES FOR HOME
SUPPLIES FOR HOME
CHILD CARE COSTS
PROFESSIONAL FEES (ACCOUNTANT, LAWYER, BROKER)
CHARITY DONATIONS OR PLEDGES OR TITHES
OTHER FIXED COSTS: _____

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GRAND TTL PG 1 ABOVE BOXES

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Abundance Budget - PAGE 2

AUTOMOBILES or TRANSPORTATION:

AUTO INSURANCE
 GAS & OIL
 CAR REPAIRS
 PUBLIC TRANSPORTATION
 TOLLS, PARKING, EXCISE TAX, LICENSE & REGISTRATION

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MEDICAL & LIFE:

DOCTORS & DENTISTS & PRESCRIPTIONS (OUT OF POCKET - COPAYS)
 MEDICAL INSURANCE - only if not withheld from paycheck
 LIFE & DISABILITY INS - if not paid via your paycheck

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ENTERTAINMENT :

RESTAURANTS
 CHILDREN'S ACTIVITIES - LESSONS, GROUPS/CLUBS & HOBBIES
 MEMBERSHIPS TO CLUBS, GROUPS & SPORTS
 MOVIES, VIDEO RENTALS, THEATRE & EVENTS
 DUES & SUBSCRIPTIONS (NEWSPAPER, BOOKS, ETC)
 OTHER ENTERTAINMENT _____

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PERSONAL:

PERSONAL CARE (HAIRCUTS, MANICURES, ETC)
 BIRTHDAYS, GIFTS, & WEDDINGS
 CHRISTMAS, CHANUKAH, ETC
 CLOTHING PURCHASES & DRY CLEANING
 VACATION & TRAVEL
 EDUCATION (CURRENT)
 LOTTERY or OTHER GAMING
 OTHER _____
 OTHER _____
 OTHER _____

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GRAND TOTAL OF ABOVE BOXES

TOTAL MONTHLY EXPENSES - PAGE 2

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TAKE FROM PRIOR PAGE

TOTAL MONTHLY EXPENSES - PAGE 1

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ADD TWO GREEN BOXES ABOVE

GRAND TOTAL MONTHLY EXPENSES - BOTH PAGES

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**MONTHLY NET INCOME - YOUR NET PAYCHECK TIMES THE NUMBER OF
 PAYCHECKS IN THE MONTH**

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SUBTRACT GRND TTL FROM INCOME

CASH OVER / (UNDER) Monthly

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