

Personal Budget Worksheet

Name: _____

Annual Monthly

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INCOME				
After -Tax Wages				
Personal Income from Business				
Social Security				
Investment Income				
Gifts Received				
Other				
HOME EXPENSES				
Mortgage/Rent				
Real Estate Taxes				
Home/Rental Insurance				
Utilities				
Phone/Cable/Internet				
Cell Phone				
Furnishings/Appliances				
Lawn/Garden				
Maintenance/Supplies				
Improvements				
Other				
HEALTH				
Health Insurance				
Doctor/Dentist				
Medicine/Drugs				
Health Club Dues				
Life Insurance				
Veterinarian/Pet Care				
Other				
CHARITY/GIFTS				
Gifts Given				
Charitable Donations				

TRANSPORTATION				
Vehicle Payments				
Auto Insurance				
Fuel				
Repairs				
Other				
DAILY LIVING				
Groceries				
Personal Supplies				
Clothing				
Cleaning				
Education/Lessons				
Dining/Eating Out				
Salon/Barber				
Other				
ENTERTAINMENT				
Movies/Theater/Concerts				
Hobbies				
Vacation/Travel				
Other				
OBLIGATIONS				
Credit Card Debt				
Student Loan				
Other Loan				
Alimony/Child Support				
Estimated Income Tax				
Other				

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