

PERSONAL FINANCIAL STATEMENT

(Part 1)

Name _____ Date _____

Number, ages, & relationship of people in the household _____

Fill out this budget form and the Miscellaneous Expenditure form (Part 2) completely and accurately. Turn in the completed forms along with a copy of the required IRS Form 1040 Tax Return to the office.

Your Gross Monthly Pay \$ _____
 Your Spouse's Gross Monthly Pay \$ _____
 (or other wage earner/s in the household)
1. Combined Gross Income \$ _____

	Yours	Spouse's/Other
Payroll Deductions		
Fed. Tax	\$ _____	\$ _____
State Tax	\$ _____	\$ _____
Soc. Sec.	\$ _____	\$ _____
Medicare	\$ _____	\$ _____
Subtotal:	\$ _____	\$ _____
(A) Combined Deductions	\$ _____	

Other Pay Deductions		
Medical Ins.	\$ _____	\$ _____
Dental Ins.	\$ _____	\$ _____
Life Ins.	\$ _____	\$ _____
Pension Plan	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
Subtotal:	\$ _____	\$ _____
(B) Combined Other Deductions	\$ _____	

2. Total Deductions (A + B) \$ _____

3. Income minus deductions (1 - 2) \$ _____

Other Income:

Net from other job	\$ _____	\$ _____
Child Support	\$ _____	\$ _____
Dividends/Interest	\$ _____	\$ _____
Welfare, etc.	\$ _____	\$ _____
Other _____	\$ _____	\$ _____
Subtotal:	\$ _____	\$ _____

4. Total Other Income \$ _____

5. Net Income (3 + 4) \$ _____

6. Monthly Savings/Investments (if not listed in B) \$ _____

Monthly Living Expenses

Rent/Mortgage	\$ _____
Electricity/Gas	\$ _____
Water/Sewer	\$ _____
Groceries	\$ _____
Child Care	\$ _____
Telephone (basic)	\$ _____
Clothing	\$ _____
(C) Total Living Expenses	\$ _____

Monthly Vehicle Expenses

Gasoline/Oil	\$ _____
Vehicle Insurance	\$ _____
Registration	\$ _____
Maintenance	\$ _____
(D) Total Vehicle Expenses	\$ _____

Other Monthly Expenses (if not listed in B)

Life Insurance	\$ _____
Health Ins /Expenses	\$ _____
Dental Plan/Expenses	\$ _____
Miscellaneous (Part 2, page 2)	\$ _____
(E) Total Other Expenses	\$ _____

7. Total Expenses (C + D + E) \$ _____

8. Indebtedness (see below) \$ _____

9. Total Savings, Expenses & Debt (6 + 7 + 8) \$ _____

10. Monthly Surplus/Deficit (5 - 9) \$ _____

If you use credit cards to pay for any of the above expenses, you may account for them in the expenses section above or in the indebtedness section below, but not in both. Otherwise, duplication will occur.

INDEBTEDNESS	Vehicle's Make, Year, & Model: (1) _____
	Vehicle's Make, Year, & Model: (2) _____
	Vehicle's Make, Year, & Model: (3) _____

Item	To Whom	Original	Purpose	Monthly	Current
(Example: mortgage, vehicle, furniture, etc.)	Owed	Debt Amount	of Loan/Credit	Payment	Balance
Total Indebtedness (carry over your monthly payment total to item #8 above)				\$ _____	\$ _____

Due July 15

Monthly Miscellaneous Expenditures (Part 2)

Name _____ Date _____

Enter the amount you spend next to each category. Write the total in the column to the right. Enter only amounts that you pay in cash. If you charge some of the items below to your credit card, do not enter that amount. They should be entered in the indebtedness section of the Personal Financial Statement form (Part 1).

Item	Amount	Total	Item	Amount	Total
Barber	_____		Pet Food	_____	
Skin Care/Toiletries	_____		Pet Quarantine	_____	
Beauty Shop	_____		Pet Licenses	_____	
Contact Lenses/Eye Glasses	_____		Vet/Kennel	_____	
Other	_____		Pet Toys	_____	
Personal Care ----->		\$ _____	Other	_____	
			Pets ----->		\$ _____
Dry Cleaning	_____		Tithes & Offering	_____	
Laundromat	_____		Charities	_____	
Tailoring	_____		Family	_____	
Other	_____		Other	_____	
Clothing Care ----->		\$ _____	Contributions ----->		\$ _____
Cable TV	_____		Bus	_____	
CDs/Tapes	_____		Car Pool	_____	
Video Rentals	_____		Taxi	_____	
Video Games	_____		Parking	_____	
Computer Software/Games	_____		Other	_____	
Computer Paraphernalia	_____		Transportation ----->		\$ _____
Internet	_____				
Cellular Phone	_____		Gardening	_____	
Phone Cards/Long Distance Calls	_____		Home Improvements	_____	
Eating Out/Dining	_____		Home/Appl /Furn. Repairs	_____	
Carryout/Pizza, Etc.	_____		Other	_____	
Day Trips	_____		Household ----->		\$ _____
Travel/Vacation	_____				
Athletic Clubs	_____		Birthday Gifts	_____	
Sports	_____		Anniversary Gifts	_____	
Garage Sales	_____		Holiday Gifts	_____	
Other	_____		Cards	_____	
Recreation/Hobbies ----->		\$ _____	Decorations	_____	
			Other	_____	
Books	_____		Gifts/Cards, etc. ----->		\$ _____
Magazines	_____				
Newspapers	_____		Bank Charges	_____	
Other	_____		Returned Check Fees	_____	
Reading ----->		\$ _____	ATM Fees	_____	
			Other	_____	
Stamps	_____		Financial ----->		\$ _____
Stationery	_____				
Packages	_____				
Other	_____				
Mail Supplies ----->		\$ _____			
Water	_____				
Soft Drinks	_____				
Other	_____				
Beverages ----->		\$ _____			
Tuition	_____				
School Lunches	_____				
After-School Care	_____				
Uniforms	_____				
School Supplies	_____				
Field Trips	_____				
Allowances	_____				
Diapers	_____				
Other	_____				
Children ----->		\$ _____			

Total Monthly Miscellaneous Expenses -----> \$ _____
(Carry over total to "Miscellaneous" on the Parents'/Guardians' Financial Statement form)

Note: Although you don't spend money every month on each category, at some point during the year, you may. Estimate how much you normally spend on each category during a given year, divide that amount by 12 (number of months in a year). Enter the answer on the appropriate line. Having this information will help you budget properly for these items.