

Monthly Budget

Paycheck One_____

Paycheck Two_____

Paycheck Three_____

Paycheck Four_____

Spouse Paycheck
One_____

Spouse Paycheck
Two_____

Spouse Paycheck
Three_____

Spouse Paycheck
Four_____

Other_____

Other_____

Other_____

**Total
income**_\$_____

Rent_____

Grocery Week
One_____

Grocery Week
Two_____

Grocery Week
Three_____

Grocery Week
Four_____

Water Bill_____

Electric Bill_____

Natural Gas Bill_____

Gasoline Week
One_____

Gasoline Week
Two_____

Gasoline Week
Three_____

Gasoline Week
Four_____

Health Insurance_____

Dental Insurance_____

Vision Insurance_____

Renters Insurance_____

Life Insurance_____

Car Insurance_____

Savings_____

Giving_____

Total column one_\$_____

Netflix_____

Amazon_____

Cable_____

Streaming Service_____

Subscription_____

Gym Membership_____

Cell Phone Bill_____

Internet_____

Hair cut_____

Fast Food_____

Toiletries/Supplies_____

Unexpected_____

Doctor_____

Medicines 1_____

Medicines 2_____

Pet Food_____

Car Payment 1_____

Car Payment 2_____

Credit Card 1_____

Credit Card 2_____

Credit Card 3_____

Credit Card 4_____

Loan Payment_____

Student Loan_____

Other_____

Total column two_\$_____



Total Income_\$_____ - Column One_\$_____ = Total_\$_____ - Column Two_\$_____ = Result_\$_____