Budget Worksheet - 7investments.com

			Total	
Household Revenues				
Income Earner Name(s)				
Employment Income	_____	_____		
Secondary Imployment Income	_____	_____		
Business Income	_____	_____		
Investment Income	_____	_____		
Total Income	$0	$0		
Social Security / Medicaid	_____	_____		
Federal Income Tax	_____	_____		
State Income Tax	_____	_____		
City Income Tax	_____	_____		
Total Taxes	$0	$0		
Spendable Income	$0	$0	**$0**	Money available to budget
Household Expenses				
Charitable Giving	>>>>>>>>>>>>>>>>>>>>		**$0**	
10% **$0.00**				
God /church	_____	_____		
Other	_____	_____		
Total	$0	$0		
Savings / Income Protection	>>>>>>>>>>>>>>>>>>>>		**$0**	
10% **$0.00**				
Emergency Savings	_____	_____		
Life Insurance	_____	_____		
401k, 403b, IRAs, etc.	_____	_____		
Investments	_____	_____		
Other	_____	_____		
Total	$0	$0		
Food	>>>>>>>>>>>>>>>>>>>>		**$0**	
14% **$0.00**				
Groceries - standard	_____	_____		
Groceries - special occasions	_____	_____		
Dining Out	_____	_____		
Other	_____	_____		
Total	$0	$0		

Shelter		>>>>>>>>>>>>>>>>>>>>		**$0**
28%	**$0**			
Mortgage / Rent		_____	_____	
Assocation Fees		_____	_____	
Electric		_____	_____	
Gas / Propane / Oil		_____	_____	
Garbage		_____	_____	
Water / Sewer		_____	_____	
Water Treatment		_____	_____	
Property Taxes		_____	_____	
Insurance		_____	_____	
Exterior Repairs/Improvements		_____	_____	flowers, shrubs, fertilizer, shingles
Interior Repairs/Improvements		_____	_____	furniture, appliances
Cleaning Expenses		_____	_____	carpet, etc.
Tools and equipment		_____	_____	mower, hammer, etc.
Other		_____	_____	
Total		$0	$0	
Appearance (Head(s) of Household)		>>>>>>>>>>>>>>>>>>>>		**$0**
5%	**$0.00**			
Clothing		_____	_____	
Cleaning and repair		_____	_____	
Hair care		_____	_____	
Skin care		_____	_____	
Other		_____	_____	
Total		$0	$0	
Transportation		>>>>>>>>>>>>>>>>>>>>		**$0**
10%	**$0.00**			
Public Transportation		_____	_____	
Lease / Payment - Vehicle 1		_____	_____	
Fuel - Vehicle 1		_____	_____	
Maintenance/Repair - Vehicle 1		_____	_____	
Insurance - Vehicle 1		_____	_____	
Lease / Payment - Vehicle 2		_____	_____	
Fuel - Vehicle 2		_____	_____	
Maintenance/Repair - Vehicle 2		_____	_____	
Insurance - Vehicle 2		_____	_____	
Total		$0	$0	
Entertainment/Communication		>>>>>>>>>>>>>>>>>>>>		**$0**
10%	**$0.00**			
Telephone		_____	_____	
Cell Phone		_____	_____	
Cable / Satellite TV		_____	_____	
Family events, day trips, etc.		_____	_____	
Vacations		_____	_____	
Other		_____	_____	
Total		$0	$0	

Medical/Dental		>>>>>>>>>>>>>>>>>>>>		**$0**	
5%	**$0.00**				
Doctor / Medical		_____	_____		
Dentist		_____	_____		
Optometrist		_____	_____		
Prescriptions		_____	_____		
Health Insurances		_____	_____		
Other		_____	_____		
Total		$0	$0		
Children		>>>>>>>>>>>>>>>>>>>>		**$0**	
5%	**$0.00**				
Clothing		_____	_____		
Gifts - Birthday, Holiday		_____	_____		
Child Care		_____	_____		
Allowance		_____	_____		
Camps and trips		_____	_____		
Visits - transportation, etc.		_____	_____		When kids are grown and gone
Other		_____	_____		
Total		$0	$0		
Miscellaneous		>>>>>>>>>>>>>>>>>>>>		**$0**	
3%	**$0.00**				
Head(s) Spending Money		_____	_____		
Birthdays & Holidays		_____	_____		
Wedding/Graduation		_____	_____		
Other		_____	_____		
Family Contingency		_____	_____		For those things not budgeted
Total		$0	$0		
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100%	***Budget Total***	**$0**	**$0**	**$0**	
			Unbudgeted	***$0***	