

Estimated Budget

MONTHLY INCOME

GROSS MONTHLY INCOME	<input type="text"/>
Salary _____	
Interest _____	
Dividends _____	
Other Income _____	
LESS	
1. Tithe/Giving	<input type="text"/>
2. Taxes (Fed., State, FICA)	<input type="text"/>
NET SPENDABLE INCOME	<input type="text"/>

MONTHLY LIVING EXPENSES

3. Housing	<input type="text"/>
Mortgage/Rent _____	
Insurance _____	
Property Taxes _____	
Electricity _____	
Gas _____	
Water _____	
Sanitation _____	
Telephone _____	
Maintenance _____	
Cable TV _____	
Other _____	
4. Food	<input type="text"/>
5. Transportation	<input type="text"/>
Payments _____	
Gas and Oil _____	
Insurance _____	
License/Taxes _____	
Maint./Repair/Replace _____	
Other _____	
6. Insurance	<input type="text"/>
Life _____	
Health _____	
Other _____	
7. Debts	<input type="text"/>

(Except auto and house payment; see page 25.)

8. Entertainment/Recreation	<input type="text"/>
Eating Out _____	
Baby-sitters _____	
Activities/Trips _____	
Vacation _____	
Pets _____	
Other _____	

9. Clothing	<input type="text"/>
10. Savings	<input type="text"/>
11. Medical Expenses	<input type="text"/>
Doctor _____	
Dentist _____	
Prescriptions _____	
Other _____	

12. Miscellaneous	<input type="text"/>
Toiletries/Cosmetics _____	
Beauty/Barber _____	
Laundry/Cleaning _____	
Allowances _____	
Subscriptions _____	
Gifts (incl. Christmas) _____	
Cash _____	
Other _____	

13. Investments	<input type="text"/>
14. School/Child Care	<input type="text"/>
Tuition _____	
Materials _____	
Transportation _____	
Day Care _____	

TOTAL LIVING EXPENSES	<input type="text"/>
------------------------------	----------------------

INCOME VERSUS LIVING EXPENSES

NET SPENDABLE INCOME	<input type="text"/>
-----------------------------	----------------------

LESS TOTAL LIVING EXPENSES	<input type="text"/>
-----------------------------------	----------------------

SURPLUS OR DEFICIT	<input type="text"/>
---------------------------	----------------------

ESTIMATED BUDGET