

Monthly Budget Worksheet



Please complete this worksheet before your next appointment. With this information, we can understand where you are now and help guide you to where you want to be in the future.

Name: _____ Date: _____

| Monthly Gross Income | | | | Total \$ | |
|----------------------|----|----|----|----------|----|
| Sources | | | | | |
| Amount | \$ | \$ | \$ | \$ | \$ |

| Monthly Expenses | | | | Total \$ | |
|----------------------|---------|----|----|----------|----|
| Systematic Investing | Type | | | | |
| | Payment | \$ | \$ | \$ | \$ |

| | | | | |
|---------------------|--------------------------|----|--------------------------|----|
| Taxes | Income Taxes Paid | \$ | Social Security/Medicare | \$ |
| Housing | Mortgage/Rent | \$ | Property Taxes | \$ |
| | Maintenance | \$ | Homeowner Fees | \$ |
| | Homeowner's Insurance | \$ | Furnishings | \$ |
| Utilities | Water | \$ | Gas | \$ |
| | Electric | \$ | Sewer | \$ |
| | Trash | \$ | Telephone | \$ |
| | Cell Phone | \$ | Satellite/Cable TV | \$ |
| Other Necessities | Food/Groceries | \$ | Medical/Dental/Vision | \$ |
| | Child Care | \$ | Education | \$ |
| Insurance Premiums | Life Insurance | \$ | Health Insurance | \$ |
| | Disability Insurance | \$ | Long-Term Care Insurance | \$ |
| | Auto Insurance | \$ | | |
| Transportation/Auto | Loans/Leases | \$ | Fuel | \$ |
| | Tolls/Train/Bus/Subway | \$ | Parking | \$ |
| | Service | \$ | Inspections/Licenses | \$ |
| Miscellaneous | Charitable Contributions | \$ | Vacation/Travel | \$ |
| | Movies/Entertainment | \$ | Alimony/Child Support | \$ |
| | Clothing | \$ | Other Loan Payments | \$ |
| | Gifts | \$ | Legal | \$ |
| | Lessons/Sports | \$ | Newspaper/Magazines | \$ |
| | Dry Cleaners | \$ | Housekeeping | \$ |
| | Dining Out | \$ | Other | \$ |

| | | | | | |
|-------|---------|----|----|----|----|
| Loans | Type | | | | |
| | Payment | \$ | \$ | \$ | \$ |

| | |
|---|----------|
| Monthly Discretionary Income (Shortfall) (Monthly Gross Income - Monthly Expenses) | Total \$ |
|---|----------|

860.652.4360 | mygfpartner.com