Budget Worksheet



Use a budget to help pay your bills and save for goals or emergencies.

Use this worksheet to make a budget. Fill in how much money you make. Then fill in your expenses. Subtract your expenses from how much money you make.

| MONTH YEAR |
|------------|
|------------|

My income this month

| Income | Monthly Total |
|-----------------------------------|---------------|
| Wages after taxes | \$ |
| Other income (like child support) | \$ |
| Total monthly income | \$ |

My expenses this month

| | Expenses | Monthly Total |
|----------------|--|---------------|
| HOUSING | Rent or mortgage | \$ |
| | Insurance (like renter's, homeowner's) | \$ |
| | Utilities (like electricity, gas, water) | \$ |
| | Internet and phone | \$ |
| | Other housing expenses (like property taxes, condo fees) | \$ |
| FOOD | Groceries and household supplies | \$ |
| | Eating out/food delivery | \$ |
| | Other food expenses | \$ |
| TRANSPORTATION | Public transportation | \$ |
| | Taxis/rideshares | \$ |
| | Gas for car | \$ |
| | Parking and tolls | \$ |
| | Car maintenance (like oil changes) | \$ |
| | Car insurance | \$ |
| | Car payment | \$ |
| | Other transportation expenses | \$ |

| | Expenses | Monthly Total |
|------------|--|---------------|
| | Health insurance | \$ |
| HEALTH | Prescriptions | \$ |
| | Co-pays for doctors' appointments | \$ |
| | Other health expenses | \$ |
| AND FAMILY | Childcare (like daycare, babysitting) | \$ |
| | Child support you pay | \$ |
| | Money you send to family | \$ |
| ND F. | Clothing and shoes | \$ |
| AL A | Entertainment (like subscriptions, movies, concerts) | \$ |
| PERSONAL | Travel | \$ |
| PER | Gym or fitness membership | \$ |
| | Other personal and family expenses (like donations, laundry, haircuts) | \$ |
| SCHOOL | Student loan payment | \$ |
| | Tuition payment | \$ |
| | Other school expenses (like books, supplies) | \$ |
| OTHER | Bank account or credit card fees | \$ |
| | Credit card or other debt payments | \$ |
| | Savings deposits | \$ |
| | Investment contributions | \$ |
| | Other expenses this month | \$ |
| | Total monthly expenses | \$ |
| | A | A |
| | \$ - \$ = | \$ |
| | Income Expenses | |

- ▶ Is your income more than your expenses? Then you have money left to save or spend.
- ▶ Are your expenses more than your income? Look at your budget to find expenses to cut.

Read Making a Budget at consumer.gov/yourmoney to learn more.

