

Simplified monthly budget

Your income	Month 1	Month 2	Month 3	Month 4
Employment income				
Self-employment income				
Government benefits or assistance				
Other income:				
Total income				
Your expenses				
Housing (rent or mortgage, taxes and insurance)				
Transportation (car payments, gas, insurance, etc.)				
Utilities (heat, electricity, etc.)				
Groceries				
Subscriptions (cable, internet, phone, gym, etc.)				
Medical expenses (co-pays, prescriptions, etc.)				
Dining out				
Other discretionary (hobbies, personal care, etc.)				
Debt payments (credit cards, student loans, etc.)				
Savings (money you set aside automatically)				
Other expenses:				
Other expenses:				
Total expenses				
Your bottom line				
Income minus expenses				

Clear the form

Save

Print