

# Simplified monthly budget

Your income	Month 1	Month 2	Month 3	Month 4
Employment income				
Self-employment income				
Government benefits or assistance				
Other income:				
<b>Total income</b>				
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:				
<b>Total expenses</b>				
Your bottom line				
<b>Income minus expenses</b>				

Clear the form

Save

Print