

# FORM #4: SPENDING PLAN

## What I Spend

Earnings/Income Per Month	Totals
Salary #1 (net take-home) _____	
Salary #2 (net take-home) _____	
Other (less taxes) _____	
Total Monthly Income	\$ _____

% Guide\*

<b>1. Giving</b>	\$ _____
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Church \_\_\_\_\_  
Other Contributions \_\_\_\_\_

<b>2. Savings</b>	15%	\$ _____
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Emergency \_\_\_\_\_  
Replacement \_\_\_\_\_  
Long Term \_\_\_\_\_

<b>3. Debt</b>	0-10%	\$ _____
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Credit Cards:  
 Visa \_\_\_\_\_  
 MasterCard \_\_\_\_\_  
 Discover \_\_\_\_\_  
 American Express \_\_\_\_\_  
 Gas Cards \_\_\_\_\_  
 Department Stores \_\_\_\_\_  
 Education Loans \_\_\_\_\_  
 Other Loans:  
 Bank Loans \_\_\_\_\_  
 Credit Union \_\_\_\_\_  
 Family/Friends \_\_\_\_\_  
 Other \_\_\_\_\_

<b>4. Housing</b>	25-36%	\$ _____
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Mortgage/Taxes/Rent \_\_\_\_\_  
 Maintenance/Repairs \_\_\_\_\_  
 Utilities:  
 Electric \_\_\_\_\_  
 Gas \_\_\_\_\_  
 Water \_\_\_\_\_  
 Trash and Recycling \_\_\_\_\_  
 Telephone/Internet \_\_\_\_\_  
 TV/Streaming Services \_\_\_\_\_  
 Other \_\_\_\_\_

<b>5. Auto/Transp.</b>	15-20%	\$ _____
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Car Payments/License \_\_\_\_\_  
 Gas & Bus/Train/Parking \_\_\_\_\_  
 Oil/Lube/Maintenance \_\_\_\_\_

<b>6. Insurance (Paid by you)</b>	5%	\$ _____
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Auto \_\_\_\_\_  
 Homeowners \_\_\_\_\_  
 Life \_\_\_\_\_  
 Medical/Dental \_\_\_\_\_  
 Other \_\_\_\_\_

<b>7. Household/Personal</b>	15-25%	\$ _____
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Groceries \_\_\_\_\_  
 Clothes/Dry Cleaning \_\_\_\_\_  
 Gifts \_\_\_\_\_  
 Household Items \_\_\_\_\_  
 Personal:  
 Tobacco & Alcohol \_\_\_\_\_  
 Cosmetics \_\_\_\_\_  
 Barber/Beauty \_\_\_\_\_  
 Other:  
 Books/Magazines/Music \_\_\_\_\_  
 Allowances \_\_\_\_\_  
 Personal Technology \_\_\_\_\_  
 Extracurricular Activities \_\_\_\_\_  
 Education \_\_\_\_\_  
 Pets \_\_\_\_\_  
 Miscellaneous \_\_\_\_\_

<b>8. Entertainment</b>	5-10%	\$ _____
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Going Out:  
 Meals \_\_\_\_\_  
 Movies/Events \_\_\_\_\_  
 Babysitting \_\_\_\_\_  
 Travel (Vacation/Trips) \_\_\_\_\_  
 Other:  
 Fitness/Sports \_\_\_\_\_  
 Hobbies \_\_\_\_\_  
 Media Subscriptions \_\_\_\_\_  
 Other \_\_\_\_\_

<b>9. Prof. Services</b>	5-15%	\$ _____
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Child Care \_\_\_\_\_  
 Medical/Dental/Prescriptions \_\_\_\_\_  
 Other:  
 Legal \_\_\_\_\_  
 Counseling \_\_\_\_\_  
 Professional Dues \_\_\_\_\_

<b>10. Misc. Small Cash Expenditures</b>	2-3%	\$ _____
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Total Expenses \$ \_\_\_\_\_

\* This is a percent of total monthly income. These are guidelines only and may be different for individual situations. However, there should be good rationale for a significant variance.

<b>TOTAL MONTHLY INCOME</b>	\$ _____
<b>LESS TOTAL EXPENSES</b>	\$ _____
<b>INCOME OVER/(UNDER) EXPENSES</b>	\$ _____