

Total Expenses \$ _____





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Income and Expenses Worksheet

Total Income \$ _____

My Income

My Expenses

Fixed

	Rent/Mortgage \$	
	Property taxes/Insurance \$	Wages \$
	Trash collection \$	Public assistance (food stamps, etc.) \$
	Car payment \$, , , , , , , , , , , , , , , , , , , ,
	Car insurance \$	Child Support/Alimony \$
	Other loan payments \$	Interest/Dividends \$
	Credit Cards \$	Social Security \$
	Health insurance \$	Other \$
	Day care/Elder care \$ _	
Flexible		
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	Water \$	
	Groceries \$ _	
	Telephone (cell phone)\$	
	Transportation/Gas \$	
	Cable TV/Internet \$	
	Lunches/Dining out \$ _	
	Car maintenance \$ _	
	Education \$	
	Charitable Giving \$ _	
	Personal expenses (cigarettes) \$ 2	
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