BASIC SPENDING PLAN

(Under basic living expenses put an "S" by non-monthly items. S= save until full amount is due)

BASIC LIVING EXPENSES

Fixed:

Mortgage/Rent	
Property Tax	
Property Insurance	
Gas	
Electricity	
Water/Sewer	
Garbage	
Phone(s)	
Car Payment(s)	
Car Insurance	
Health Insurance	
Child Care	
Subtotal	**$**

Variable:

Groceries	
Eating Out	
Long Distance	
House Maintenance	
Gasoline	
Car Maintenance	
"Stuff"	
Clothes	
Gifts	
Cable/Satellite	
Entertainment	
Pets	
Cigarettes	
Laundry	
Travel	
S **Emergency Savings**	

Variable Subtotal	
Fixed Subtotal	
TOTAL EXPENSES	**$**

Total Save Items $ _____

DEBTS

Name:	Total Amount	Monthly Payment
TOTAL DEBTS	**$**	**$**

INCOME

1st Paycheck	
2nd Paycheck	
Other Income	
TOTAL INCOME	

TOTAL INCOME	**$**
- TOTAL EXPENSES	**$**
- DEBT PAYMENTS	**$**
REMAINING AMOUNT	**$**