**Expense Budget Planner**

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| --- | --- |
| Income | Monthly total Income |
| Paychecks (salary after taxes, benefits, and check cashing fees) | $ |
| Other income (after taxes) for example: child support | $ |
| Total monthly income | $ 0.00 |

|  |  |
| --- | --- |
| Expenses | Monthly total |
| Rent or mortgage | $ |
| Renter's insurance or homeowner's insurance | $ |
| Utilities (like electricity and gas) | $ |
| Internet, cable, and phones | $ |
| Other housing expenses (like property taxes) | $ |
|  | |
| Groceries and household supplies | $ |
| Meals out | $ |
| Other food expenses | $ |
|  | |
| Public transportation and taxis | $ |
| Gas for car | $ |
| Parking and tolls | $ |
| Car maintenance (like oil changes) | $ |
| Car insurance | $ |
| Car loan | $ |
| Other transportation expenses | $ |

|  |  |
| --- | --- |
| Expenses | Monthly total |
| Medicine | $ |
| Health insurance | $ |
| Other health expenses (like doctors' appointments and eyeglasses) | $ |
|  | |
| School costs (like supplies, tuition, student loans) | $ |
| Other payments (like credit cards and savings) | $ |
| Other expenses this month | $ |
|  | |
| Total monthly expenses | $ 0.00 |