

# BUDGET ANALYSIS

Name : \_\_\_\_\_

Obligations	MonthlyAmt
<b>Living Expenses</b>	
Rent/Mortgage (P&I)	\$ _____
Property Tax	\$ _____
Home Repairs/Maintenance	\$ _____
Utilities (Gas/Electric/Phone /Water/Trash)	\$ _____
Groceries	\$ _____
Personal Goods	\$ _____
Entertainment/Dining	\$ _____
Clothing	\$ _____
Gifts (Birthday/Holiday/Special)	\$ _____
Transportation (Gas/Taxi /Maintenance)	\$ _____
Charitable Contributions	\$ _____
Child Care	\$ _____
Cable/Satellite	\$ _____
Internet Access	\$ _____
Telephone/Cell Phone	\$ _____
Homeowner Fees	\$ _____
Cleaning/Laundry	\$ _____
Newspapers/Magazines	\$ _____
Club Dues/Hobbies	\$ _____
Children's Activities	\$ _____
Other _____	\$ _____
<b>Total Monthly Living Expenses</b>	<b>A</b> \$ _____

<b>Insurance</b>	
Homeowners/Renters Insurance	\$ _____
Auto Insurance	\$ _____
Life (Group, SGLI, Term, Whole Life, Universal Life, Variable Life and Annuity)	\$ _____
Disability	\$ _____
Long Term Care	\$ _____
Medical	\$ _____
Dental	\$ _____
Vision	\$ _____
Flexible Spending Account	\$ _____
Liability Coverage	\$ _____
Other _____	\$ _____
<b>Total Monthly Insurance Expenses</b>	<b>B</b> \$ _____

<b>Savings &amp; Investments</b>	
Savings	\$ _____
Non-Retirement Accounts	\$ _____
Education (529, ESA, UTMA)	\$ _____
IRA(s)	\$ _____
401(k)	\$ _____
403(b)	\$ _____
457	\$ _____
SEP/SIMPLE	\$ _____
Profit Sharing	\$ _____
Money Purchase	\$ _____

Thrift Savings	\$ _____
Other _____	\$ _____
<b>Total Monthly Investments</b>	<b>C</b> \$ _____

Obligations	MonthlyAmt
<b>Consumer Debt</b>	
Advance Pay	\$ _____
Credit Cards	\$ _____
1. _____	
2. _____	
3. _____	
4. _____	
Auto Loan/Lease (Auto #1)	\$ _____
Auto Loan/Lease (Auto #2)	\$ _____
Student Loans	\$ _____
Personal Loans	\$ _____
Other _____	\$ _____
<b>Total Monthly Consumer Debt</b>	<b>D</b> \$ _____

Obligations	MonthlyAmt
<b>C1</b>	
<b>Gross Income (Primary)</b>	\$ _____
(-) Federal Taxes	\$ _____
(-) State/Local Taxes	\$ _____
(-) Social Security/Payroll	\$ _____
<b>C1 Net Income</b>	<b>E</b> \$ _____
<b>C2</b>	
<b>Gross Income (Spouse)</b>	\$ _____
(-) Federal Taxes	\$ _____
(-) State/Local Taxes	\$ _____
(-) Social Security/Payroll	\$ _____
<b>C2 Net Income</b>	<b>F</b> \$ _____

<b>Other Net Income</b>	
Rental Income (net)	\$ _____
Retirement Income	\$ _____
Child Support/Alimony	\$ _____
SBP	\$ _____
Disability	\$ _____
Investment Income	\$ _____
<b>Other Net Income</b>	<b>G</b> \$ _____

**TOTAL MONTHLY INCOME (E+F+G) = \$ \_\_\_\_\_ H**

**A** : \$ \_\_\_\_\_

**B** : \$ \_\_\_\_\_

**C** : \$ \_\_\_\_\_

**D** : \$ \_\_\_\_\_

**UNALLOCATED INCOME (A+B+C+D) = \$ \_\_\_\_\_ I**

**UNALLOCATED DOLLARS (H-I) = \$ \_\_\_\_\_**

