

Your Budget Worksheet

Net Monthly Income (after taxes and deductions)

Wages or salaries	\$
Child or spousal support	\$
Interest or dividends	\$
Other:	\$
Other:	\$
TOTAL NET INCOME \$	
EXPENSES	
Housing, including rent or mortgage payments, taxes, homeowner's or renter's insurance	\$
Utilities, including gas, electricity, trash collection, water and telephone	\$
Transportation, including fares, car payments, gas, car insurance and parking fees	\$
Health and dental care and insurance	\$
Food at home	\$
Entertainment, including dining out	\$
Clothing	\$
Laundry, dry cleaning, personal care, toiletries	\$
Child care and baby-sitting	\$
Credit card and loan payments (excluding mortgage)	\$
Vacations	\$
Gifts (for birthdays, holidays, graduations, wedding, etc.)	\$
Other:	\$
Other:	\$
Other:	\$
Total Expenses \$ _____ Total Net Income Minus Total Expenses \$ _____ Amount Over or Under \$ _____	

List the problem areas in the budget, the amount you need to save, and how to plan to do it.

Problem Area	Amount to Save	How?
	\$	
	\$	
	\$	



This information has been provided by Continuum. If you would like more information on this or another topic, please don't hesitate to contact us at:
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