



Comprehensive Spending Plan

Name: _____

Gross monthly income: \$ _____

Household size: _____

Date: _____

Expense item	Now	Planned	Month 1	Month 2	Month 3	Month 4
Income taxes						
Federal						
State						
Local/city						
Social Security						
Medicare						
Net income						
Housing expenses						
Rent/mortgage (PITI)						
Repairs (1% of value ÷ 12)						
Cleaning/paper products						
Furnishings/equipment						
Emergency fund						
Other home loans						
Utilities						
Electric						
Gas						
Telephone						
Cellphone						
Water/sewer						
Trash/recycle						
Cable/satellite						
Internet access						

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Comprehensive Spending Plan (continued)

Expense item	Now	Planned	Month 1	Month 2	Month 3	Month 4
Transportation						
Car payment #1						
Car payment #2						
Car maintenance						
Gasoline						
License, inspection						
Personal property tax						
Parking						
Bus/taxi						
Food						
Groceries						
Food eaten out						
Dining out						
Snacks at work						
Child care						
Day care						
Sitter						
Child support						
Insurance						
Life						
Medical						
Disability						
Car						
Homeowners/renters						
Personal						
<i>Grooming</i>						
Haircuts/styling/nails						
Personal care products						
Beauty/personal						

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Comprehensive Spending Plan (continued)

Expense item	Now	Planned	Month 1	Month 2	Month 3	Month 4
Personal (continued)						
<i>Clothing</i>						
Self						
Spouse/partner						
Children						
Uniform - work						
Laundry/dry cleaning						
Medical care						
Hospital						
Doctors						
Dentist						
Prescriptions/over-the-counter items						
Education						
Tuition						
School supplies						
Lessons, gym, etc.						
Newspapers, magazines						
Gifts						
Holidays						
Birthdays						
Anniversaries, etc.						
Miscellaneous						
Pager						
Computer supplies						
Pets (food, vet, grooming)						
Donations/church						
Bank fees						
Postage/money order fees						
Yard care						

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Comprehensive Spending Plan (continued)

Expense item	Now	Planned	Month 1	Month 2	Month 3	Month 4
Debt/support payments						
Bank loan #1						
Bank loan #2						
Student loan #1						
Student loan #2						
Alimony/spousal support						
<i>Credit cards</i>						
Visa						
MasterCard						
Discover						
Sears						
JC Penney						
Macy's						
Recreation/entertainment						
Movies, videos, pay-per-view						
Clubs, concerts, etc.						
Sporting events						
Team/league fees						
Lottery, casinos						
Alcohol						
Tobacco						
Savings						
Retirement						
Emergency						
Goals: short-term						
Goals: long-term						
Total monthly expenses						
Gross monthly income						
Minus total monthly expenses						
Amount (+) or (-)						