

Worksheet 4. Your spending plan.
Money you expect to make before deductions: (weekly, monthly or yearly \$ _____)

	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total amount planned to spend	Total amount actually spent
Food														
Clothing														
Housing (rent/mortgage)														
Health														
Education														
Contributions														
Transportation														
Personal														
Recreation														
Home maintenance														
Help														
Gifts														
Insurance														
Savings														
Income taxes:														
State														
Federal														
Dues														
Debts														
Total													\$ _____	\$ _____