

EXPENSES	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Housing - Rent or Mortgage												
Insurance												
Utilities - Electric / Gas												
Water												
Trash												
Transportation - Vehicle Payment												
Insurance												
Gas												
Maintenance												
Registration												
Phone												
Food												
Clothing												
Toiletries												
Household goods												
Health - Insurance												
Medical Expenses												
Dental Expenses												
Vision Expenses												
Hearing Expenses												
Medication/supplements												
Equipment Purchases												
Life Insurance												
Entertainment - Internet												
Cable/Satellite TV												
Meals/Snacks/Coffee												
Movies, games etc.												
Vacation / Travel												
Pet Care												
Savings												
Miscellaneous												
Credit Debt / Loans												

INCOME	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
Net Income Source 1												
Net Income Source 2												
Tithing												
Total Net Income												

Monthly Balance	0	0	0	0	0	0	0	0	0	0	0	0
Cumulative Balance	0	0	0	0	0	0	0	0	0	0	0	0

	Hourly	Hours/Wk	Monthly	Annually	Annually	Monthly	Tax Rate	Tithing
Gross Income Source 1			0	0		0		
Gross Income Source 2			0	0		0		