

Budget Calculator

Directions: Fill in the blanks for sections 1, 2, 3 and 4. Then transfer the totals to section 5 for results.

Section 1: Income

	Monthly	Annually		Monthly	Annually
Your Primary Income	_____	_____	Investment Income	_____	_____
Your Spouse's Income	_____	_____	Real Estate Investment Income	_____	_____
Child Support or Alimony	_____	_____	Business Income	_____	_____
Social Security Income	_____	_____	Other Income	_____	_____
Disability Income	_____	_____	Total Income	<input type="text"/>	<input type="text"/>

Section 2: Necessary Expenses

	Monthly	Annually		Monthly	Annually
Payroll Taxes	_____	_____	Home or Renter's Insurance	_____	_____
Other Income Deductions	_____	_____	Health (Insurance/Care/Prescriptions/etc.)	_____	_____
Rent or Mortgage	_____	_____	Dental (Insurance/Care/etc.)	_____	_____
2nd Mortgage or Home Equity Loan	_____	_____	Life Insurance Costs	_____	_____
Property Taxes	_____	_____	Student Loans	_____	_____
Water	_____	_____	Home Repairs	_____	_____
Garbage	_____	_____	Home Supplies	_____	_____
Gas & Electric	_____	_____	Dry Cleaning	_____	_____
Auto Insurance	_____	_____	Laundry	_____	_____
Auto Repairs	_____	_____	Investment Real Estate Expenses	_____	_____
Food & Groceries (Not Dining Out)	_____	_____	Business Income Expenses	_____	_____
Clothing (Necessary)	_____	_____	Childcare (Daycare & Babysitters)	_____	_____
Telephone (Not Mobile Phone)	_____	_____	Other Dependent Expenses	_____	_____
			Total Necessary Expenses	<input type="text"/>	<input type="text"/>

Section 3: Discretionary Expenses

	Monthly	Annually		Monthly	Annually
Credit Card Bills	_____	_____	Dining Out	_____	_____
Tithing/Charitable Donations	_____	_____	Travel & Vacation	_____	_____
Auto Loan(s)	_____	_____	Pet(s), Pet Care & Pet Food	_____	_____
Gasoline	_____	_____	Clothing (Above What's Needed)	_____	_____
Cable or Satellite TV	_____	_____	Internet Access	_____	_____
Mobile Phone(s)	_____	_____	Computer Costs	_____	_____
Home Improvement	_____	_____	Gym Membership	_____	_____
Home Security	_____	_____	Beer & Alcohol	_____	_____
Garden Supplies	_____	_____	Cigarettes & Tobacco	_____	_____
Entertainment (Not Dining Out)	_____	_____	Total Discretionary Expenses	<input type="text"/>	<input type="text"/>

Section 4: Investment Spending

(Only include fixed monthly or yearly investments here, not discretionary investing.)

	Monthly	Annually		Monthly	Annually
401K, 401B Deposits	_____	_____	Brokerage Deposits	_____	_____
IRA Deposits	_____	_____	Other	_____	_____
Employee Stock Plans	_____	_____	Total Investment Spending	<input type="text"/>	<input type="text"/>

Section 5: Results

NOTE: Bring totals down from sections 1, 2, 3 and 4, and to find Percentage column, Monthly column is divided by Annually column.

	Monthly	Annually	Percent
Total Income	_____	_____	_____
Necessary Expenses	_____	_____	_____
Discretionary Income	_____	_____	_____
Investment Spending	_____	_____	_____
Discretionary Income Less Investments	_____	_____	_____
Discretionary Spending	_____	_____	_____
Amount Remaining to Save or Invest	<input type="text"/>	<input type="text"/>	<input type="text"/>

Keep this as low as possible
 Try to keep this percentage above 5%, above 20% is outstanding