

# The Family's Spending Plan

**Only fill in greyed areas.**      **Main Monthly**      **Second Monthly**      **Yearly**

**GROSS INCOME**

Main		
Other		
Other		

**DEDUCTIONS**

Tithe (Xtra Giving is recorded below)		
Taxes		
S.S./STRS		
Other		
Other		

**TOTAL DEDUCTIONS**

**NET SPENDABLE**

Auto		
Fuel		
License Fees		
Insurance		
Maintenance		
Clothing		
Ent/Rec		
Food/Toiletries		
Gifts		
Giving		
Housing		
Mortgage		
Maintenance		
Electricity		
Gas		
Water/Garbage		
Telephone		
Medical/Dental		
Miscellaneous		
Personal		
Debt Payments		
Children		
Other		
Other		
Other		
Other		
Emergency Fund		
Investments		
Savings		

**TOTAL EXPENSES**

- \* Fill in your income and expenses as they actually exist.
- \* Use previous bills and check stubs to get an average.
- \* White-out categories you do not use and put in ones that you do.
- \* Remember to include items from the *Periodic Expenses Worksheet*.
- \* When completed, this information will be used to complete a computerized print-out.