## Spending Plan Worksheet

|  | Planned Amount | Actual Amount | Difference |
| :---: | :---: | :---: | :---: |
| Monthly Income |  |  |  |
| Income (after taxes) |  |  | \$ 0.00 |
| Misc. Income |  |  | \$ 0.00 |
| Monthly Income Total | \$ 0.00 | \$ 0.00 | \$ 0.00 |

Monthly Expenses
Home


Eating Out, Lunches, Snacks $\$ 0.00$
Family Obligations
Child Support/Alimony $\$ 0.00$
Day Care, Babysitting $\$ 0.00$
Child Extracurricular Activities $\$ 0.00$
Health and Medical
Insurance (medical, dental, vision) \$0.00
Out-of-Pocket Medical Expenses $\$ 0.00$
Y Membership and/or Program Fees $\$ 0.00$
Transportation
Car Payments $\$ 0.00$
Gasoline/Oil $\$ 0.00$
Auto Repairs/Maintenance/Fees $\$ 0.00$
Auto Insurance $\$ 0.00$
Other (tolls, bus, subway, taxi) \$0.00
Entertainment/Recreation
Entertainment
Hobbies $\quad \$ 0.00$
Vacations \$0.00
Clothing $\$ 0.00$

| SAVINGS FOR LIFE |  |  |  |
| :--- | :--- | :--- | :--- | :--- |

