

Week 2: Spending Plan

1. Income:	Target% _____	Actual% _____
Income #1	\$ _____	Monthly gross before tax
Income #2	\$ _____	Monthly gross before tax
Other	\$ _____	Rental, Investment, side
 2. Giving:	 Target% _____	 Actual% _____
Church #1	\$ _____	
Other	\$ _____	
 3. Saving:	 Target% _____	 Actual% _____
Emergency	\$ _____	
Retirement	\$ _____	401k, 403b, IRA
College	\$ _____	
Other	\$ _____	
 4. Taxes:	 Target% _____	 Actual% _____
Federal	\$ _____	Use actual from pay stub
State	\$ _____	Use actual from pay stub
SSI	\$ _____	Use actual from pay stub
Medicare	\$ _____	Use actual from pay stub
 5. Debt:	 Target% _____	 Actual% _____
IRS		
Credit Card 1	\$ _____	5% balance paid each month
Credit Card 2	\$ _____	Minimum monthly payment
Credit Card 3	\$ _____	Minimum monthly payment
Credit Card 4	\$ _____	Minimum monthly payment
Credit Card 5	\$ _____	Minimum monthly payment
Car 1	\$ _____	Minimum monthly payment
Car 2	\$ _____	Minimum monthly payment
Student Loans	\$ _____	Minimum monthly payment
Other	\$ _____	Minimum monthly payment
 6. Housing:	 Target% _____	 Actual% _____
Mortgage/Rent	\$ _____	
Home Insurance	\$ _____	May be part of mortgage
Property Tax	\$ _____	May be part of mortgage
Electricity	\$ _____	Average for 12 months
Gas	\$ _____	Average for 12 months
Water	\$ _____	Average for 12 months
Internet	\$ _____	Average for 12 months
Phones	\$ _____	Average for 12 months
HOA Fee	\$ _____	Average for 12 months
Maintenance	\$ _____	Average for 12 months

7. Transportation:**Target%** _____**Actual%** _____Insurance
Registration
Gas
Maintenance\$ _____
\$ _____
\$ _____
\$ _____

Average for 12 months

Average for 12 months

Average for 12 months

8. Insurance:**Target%** _____**Actual%** _____Health
Dental
Life
Other\$ _____
\$ _____
\$ _____
\$ _____**9. Food:****Target%** _____**Actual%** _____Grocery
Restaurants\$ _____
\$ _____**10. Health:****Target%** _____**Actual%** _____Medical Expense
Counseling
Gym
Other\$ _____
\$ _____
\$ _____
\$ _____**11. Personal:****Target%** _____**Actual%** _____Child Care
Education
Haircuts
Clothes
Gifts
Home Decor
Cleaning
Other\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____**12. Entertainment:****Target%** _____**Actual%** _____Vacations
Restaurants
Events
Date Nights
Small group
Baby-sitting
Other\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____

Average for 12 months

Average for 12 months

Average for 12 months

Average for 12 months

13. Total Spending:

\$ _____

Subtract total income

- \$ _____

\$ _____ = MARGIN

