

# Budgeting Worksheet

Sticking to monthly budget can be difficult. Use this worksheet to gain a clear understanding of your expenses and to help you find additional income to save in your workplace retirement plan. Fill out the worksheet, indicating your required expenses (thing you need) and your optional expenses (things you want) and your sources of income.

Monthly Expenses			
	Required		Optional
<b>Housing</b>			
Mortgage	\$ _____	or	\$ _____
Rent/Condo fees	\$ _____	or	\$ _____
Property tax	\$ _____	or	\$ _____
Homeowner's insurance	\$ _____	or	\$ _____
<b>Utilities</b>			
Electric	\$ _____	or	\$ _____
Water/Sewer	\$ _____	or	\$ _____
Oil/Gas	\$ _____	or	\$ _____
Telephone/Cable/Internet fees	\$ _____	or	\$ _____
Other	\$ _____	or	\$ _____
<b>Subtotal – Housing</b>	<b>\$ _____</b>	or	<b>\$ _____</b>
<b>Personal</b>			
Groceries	\$ _____	or	\$ _____
Personal care (health and beauty)	\$ _____	or	\$ _____
Clothing	\$ _____	or	\$ _____
Laundry/Dry cleaning	\$ _____	or	\$ _____
Other	\$ _____	or	\$ _____
<b>Subtotal – Personal</b>	<b>\$ _____</b>	or	<b>\$ _____</b>

*To help you complete this section, you may want to review your checkbook ledger and credit card statements to get expense estimates.*

### Monthly Expenses

	Required		Optional
<b>Health Care and Insurance</b>			
Medicare Part B premiums	\$ _____	or	\$ _____
Medicare supplemental/ Medigap premium	\$ _____	or	\$ _____
Prescriptions	\$ _____	or	\$ _____
Dental and vision care	\$ _____	or	\$ _____
Other (co-payments, deductibles, etc.)	\$ _____	or	\$ _____
<b>Insurance</b>			
Long-term care insurance premiums	\$ _____	or	\$ _____
Life insurance premiums	\$ _____	or	\$ _____
Disability insurance	\$ _____	or	\$ _____
<b>Subtotal – Health Care and Insurance</b>	<b>\$ _____</b>	<b>or</b>	<b>\$ _____</b>

### Routine Transportation

Auto loan or lease payment	\$ _____	or	\$ _____
Auto insurance	\$ _____	or	\$ _____
Excise tax/Registration fees	\$ _____	or	\$ _____
Routine maintenance	\$ _____	or	\$ _____
Gasoline	\$ _____	or	\$ _____
Other	\$ _____	or	\$ _____
<b>Subtotal – Routine Transportation</b>	<b>\$ _____</b>	<b>or</b>	<b>\$ _____</b>

### Monthly Savings Goals

	Required		Optional
Retirement savings contributions	\$ _____	or	\$ _____
General savings contributions	\$ _____	or	\$ _____
College savings contributions	\$ _____	or	\$ _____
Support for parent(s)	\$ _____	or	\$ _____
Support for children/grandchildren (includes childcare)	\$ _____	or	\$ _____
Household improvement and maintenance	\$ _____	or	\$ _____
Other	\$ _____	or	\$ _____
<b>Subtotal – Savings Goals</b>	<b>\$ _____</b>	<b>or</b>	<b>\$ _____</b>

### Other Monthly Expenses

	Required		Optional
<b>Gifts</b>			
Family	\$ _____	or	\$ _____
Charitable Donations	\$ _____	or	\$ _____

Other	\$ _____	or	\$ _____
<b>Subtotal – Gifts</b>	<b>\$ _____</b>	or	<b>\$ _____</b>

**Recreation**

Travel and vacations	\$ _____	or	\$ _____
Club memberships	\$ _____	or	\$ _____
Hobbies	\$ _____	or	\$ _____
Other	\$ _____	or	\$ _____
<b>Subtotal – Recreation</b>	<b>\$ _____</b>	or	<b>\$ _____</b>

**Entertainment**

Movies/Theater/Sporting events	\$ _____	or	\$ _____
Dining out	\$ _____	or	\$ _____
Other	\$ _____	or	\$ _____
<b>Subtotal – Entertainment</b>	<b>\$ _____</b>	or	<b>\$ _____</b>

<b>Subtotal Expenses</b>	<b>\$ _____</b>	+	<b>\$ _____</b>
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<b>Total Monthly Expenses</b>	<b>\$ _____</b>
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**Monthly Income**

Salary	\$ _____
Other	\$ _____

<b>Subtotal Income</b> (total monthly income – total monthly expenses)	<b>\$ _____</b>	-	<b>\$ _____</b>
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<b>Total - Available to Save</b>	<b>\$ _____</b>
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