

MONTHLY BUDGET

Name: _____

MONTHLY INCOME (After Taxes)

PERCENTAGE OF INCOME SPENT

<i>Item</i>	<i>Amount</i>
Income 1	\$ _____
Income 2	\$ _____
Other	\$ _____
Total Income	\$ _____

SUMMARY:

Total Monthly Income - Total Monthly Expenses = Balance

MONTHLY EXPENSES

\$ _____ \$ _____ \$ _____

<i>Item</i>	<i>Amount</i>
Home - Rent/Mortgage	\$ _____
- Insurance & Property Taxes	\$ _____
- Electric	\$ _____
- Water	\$ _____
- Gas	\$ _____
- Trash Disposal	\$ _____
Communications: Telephones (Land & Cell)	\$ _____
- Internet & cable	\$ _____
Auto - Car payment(s)	\$ _____
- Auto Insurance	\$ _____
- Auto expenses(gas, maintenance, tires, tags)	\$ _____
Insurance (Personal) - Life/Disability/Long-Term Care	\$ _____
Food - Groceries	\$ _____
- Meals Out	\$ _____
Personal Expenses: (Clothing, Personal Care, Etc.)	\$ _____
Charitable Contributions	\$ _____
Medical/Dental/Vision Out of Pocket	\$ _____
Children: Child Care, Tuition, Etc.	\$ _____
Entertainment	\$ _____
Miscellaneous: College Savings or Other	\$ _____
Miscellaneous: Roth IRA Savings or Other	\$ _____
Miscellaneous: Credit Card Other or Other	\$ _____
Total Expenses	\$ _____



REAGAN
Financial Planning, LLC