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|--|
| Personal Financial Budget Worksheet <i>(Monthly/Annual Spending Plan)</i> |
|--|

| | Monthly | Annual | % of Annual Total |
|----------------------------------|-----------------|-----------------|-------------------|
| Income | | | |
| Salary (Self & Other) | \$ _____ | \$ _____ | % _____ |
| Investment Income | _____ | _____ | _____ |
| Social Security Income | _____ | _____ | _____ |
| Rental Income | _____ | _____ | _____ |
| Other Income | _____ | _____ | _____ |
| Total Income | \$ _____ | \$ _____ | 100% |
| Expenses | | | |
| Donations | | | |
| Religious | \$ _____ | \$ _____ | % _____ |
| Charitable | _____ | _____ | _____ |
| Other Donations | _____ | _____ | _____ |
| Savings & Investments | | | |
| Emergency Funds | _____ | _____ | _____ |
| Other Savings | _____ | _____ | _____ |
| Retirement Plans | _____ | _____ | _____ |
| Stocks, Bonds, Mutual Funds | _____ | _____ | _____ |
| Real Estate | _____ | _____ | _____ |
| Annuities | _____ | _____ | _____ |
| Income Taxes | _____ | _____ | _____ |
| Insurance | | | |
| Life | _____ | _____ | _____ |
| Health | _____ | _____ | _____ |
| Disability | _____ | _____ | _____ |
| Auto | _____ | _____ | _____ |
| Homeowners | _____ | _____ | _____ |
| Long-Term Care | _____ | _____ | _____ |
| Other Insurance | _____ | _____ | _____ |
| Liabilities | | | |
| Mortgage/Rent | _____ | _____ | _____ |
| Home Equity Loans/Line of Credit | _____ | _____ | _____ |
| Real Estate Taxes | _____ | _____ | _____ |
| Automobile Loan(s) | _____ | _____ | _____ |
| Personal Loan(s) | _____ | _____ | _____ |
| Credit Cards | _____ | _____ | _____ |
| Other Liabilities | _____ | _____ | _____ |

Household Expenses

| | | | |
|-----------------------------|--|--|--|
| Food | | | |
| Clothing | | | |
| Doctor/Dentist | | | |
| Prescriptions | | | |
| Personal Care | | | |
| Utilities | | | |
| Telephone | | | |
| Maintenance | | | |
| Home Furnishing | | | |
| Entertainment, Cable TV | | | |
| Newspaper, Books, Magazines | | | |
| Vacation & Travel | | | |
| Gifts | | | |
| Children's Allowance | | | |
| Other Household Expenses | | | |

Transportation

| | | | |
|-----------------------|--|--|--|
| Gas & Oil | | | |
| Maintenance & Repair | | | |
| License | | | |
| Public Transportation | | | |
| Parking/Tolls | | | |

Other Expenses

| | | | |
|--------------------------|--|--|--|
| Legal Fees | | | |
| Accounting Fees | | | |
| Domestic Help, Yard/Pool | | | |
| Dry Cleaning, Laundry | | | |
| Veterinary | | | |
| Child Care | | | |
| Alimony/Child Support | | | |
| Education, Lessons | | | |
| Club Dues, Membership | | | |
| Miscellaneous | | | |

| | | | |
|-----------------------|-----------|-----------|-------------|
| Total Expenses | \$ | \$ | 100% |
|-----------------------|-----------|-----------|-------------|

Total Income minus Total Expenses equals Net Income

To learn more, attend a Board of Pensions education seminar. Call 800-773-7752 (800-PRESPLAN) extension 7223, or go to Pensions.org.