

# Monthly Expenses Worksheet

## Fixed Expenses

- |   |          |
|---|----------|
| 1. Housing (rent or mortgages)<br>(if not included in chapter 13 payment) | \$ _____ |
| 2. Childcare  | \$ _____ |
| 3. Chapter 13 payment<br>(if not payroll deducted)                        | \$ _____ |
| 4. Child or spousal support (if not payroll deducted)                     | \$ _____ |
| 5. Car insurance  | \$ _____ |
| Other _____   | \$ _____ |
| Other _____   | \$ _____ |
| Other _____   | \$ _____ |
| Total fixed expenses  | \$ _____ |

## Flexible Expenses

- |  |          |
|--|----------|
| 6. Groceries                                       | \$ _____ |
| 7. Utilities:                                      |          |
| Gas  | \$ _____ |
| Electric   | \$ _____ |
| Water  | \$ _____ |
| Trash  | \$ _____ |
| 8. Telephone                                       | \$ _____ |
| 9. Cell phone                                      | \$ _____ |
| 10. Newspaper                                      | \$ _____ |
| 11. Cable & internet                               | \$ _____ |
| 12. Clothing                                       | \$ _____ |
| 13. Dry cleaning, laundry supplies                 | \$ _____ |
| 14. Medical & Prescriptions (not health insurance) | \$ _____ |
| 15. Dental & braces                                | \$ _____ |
| 16. Transportation (bus, parking, tags)            | \$ _____ |
| 17. Gasoline                                       | \$ _____ |
| 18. School lunches                                 | \$ _____ |
| 19. Tuition, books, school expenses                | \$ _____ |
| 20. Haircuts                                       | \$ _____ |
| 21. Gifts  | \$ _____ |
| 22. Eating out & recreation                        | \$ _____ |

23. Bank fees, postage stamps, magazines	\$ _____
24. Savings	\$ _____
25. Church or charitable contributions	\$ _____
Other _____	\$ _____
Other _____	\$ _____
Other _____	\$ _____
Other _____	\$ _____
Other _____	\$ _____
Other _____	\$ _____
Total Flexible expenses	\$ _____

Periodic Expenses

26. Insurance: Homeowners	\$ _____
(if not included in mortgage payment)	
Life	\$ _____
AAA	\$ _____
Health	\$ _____
(if not payroll deducted)	
Other _____	\$ _____
27. Real estate taxes	\$ _____
(if not included in mortgage payment)	
28. Car repairs	\$ _____
Other _____	\$ _____
Other _____	\$ _____
Other _____	\$ _____
Total Periodic expenses	\$ _____

Fixed \_\_\_\_\_ + Flexible \_\_\_\_\_ + Periodic \_\_\_\_\_ =

**Total Expenses: \$ \_\_\_\_\_**

You now have the first part of your financial plan: Your expenses.

Now, let's take a look at the second part: Your income.