

Month of _____

PAID RECEIPTS

YEAR: _____

Your Income

- 1. Monthly - \$ _____
- 2. Weekly - Wk 1: _____
 Wk 2: _____
 Wk 3: _____
 Wk 4: _____
- 3. Bi-Weekly
 Wk#1 \$ _____
 Wk#2 _____
 Wk#3: _____
- 4. Daily - 1 - _____
 2 - _____
 3 - _____
 4 - _____
 5 - _____
 6 - _____
 7 - _____
 8 - _____
 9 - _____
 10 - _____
 11 - _____
 12 - _____
 13. _____
 14 - _____
 15 - _____
 16 - _____
 17 - _____
 18 - _____
 19 - _____
 20 - _____
 21 - _____
 22 - _____
 23 - _____
 24 - _____
 25 - _____
 26 - _____
 27 - _____
 28 - _____
 29 - _____
 30 - _____
 31; _____

TOTAL MONTH'S INCOME: _____

Your Expenses

EMERGENCY FUND: \$ _____

Your Current & True Expenses:

- 1. TITHING (10%) \$ _____
- 2. Rent/ Mortgage: _____
- 3. RE Taxes: _____
- 4. Heat/Oil _____
- 5. Electricity _____
- 6. Groceries / Pet _____
- 7. DirectTV _____
- 8. Verizon (Internet) _____
- 9. Consumer Cellular _____
- 10. Dental _____
- 11. Medical _____
- 12. Prescriptions _____
- 13. Storage Rental Fees _____
- 14. Memberships _____
- 15. Insurance
 Health/ Life _____
 Auto _____
 Dental _____
 Home _____
- 16. Transportation
 Fuel / Oil: _____
 Maintenance _____
 Excise Tax _____
- 17. _____
- 18. _____
- 19. _____

SUBTOTAL A: CURR EXPS: \$ _____

DEBT MANAGEMENT:

- 1. _____ \$ _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____
- 7. _____

SUBTOTAL B: DEBT MGMT: \$ _____

Grand Total (A & B): \$ _____