Spending Plan Worksheet

BANK OF AMERICA

Income	
Your take-home pay	$
Additional household take-home pay	$
Other	$
Total income (sum of rows above)	$ 0.00

Spending category	Planned spending	Actual spending	Check if spent as planned
Expenses: Home and Utilities			
Mortgage or rent	$	$	❑
Groceries	$	$	❑
Electricity	$	$	❑
Gas	$	$	❑
Water	$	$	❑
Cable/internet	$	$	❑
Mobile phone	$	$	❑
Other	$	$	❑
Expenses: Insurance and Financial			
Health insurance	$	$	❑
Other insurance	$	$	❑
Credit cards	$	$	❑
Other loans	$	$	❑
Savings	$	$	❑
Other	$	$	❑
Expenses: Personal and Medical			
Medication (not covered by health insurance)	$	$	❑
Medical, dental and eye care costs (not covered by health insurance)	$	$	❑
Education	$	$	❑
Other	$	$	❑
Expenses: Entertainment			
Restaurants	$	$	❑
Movies and music	$	$	❑
Other	$	$	❑
Expenses: Transportation and Auto			
Public transportation	$	$	❑
Car expenses	$	$	❑
Other	$	$	❑
Expenses: Other			
	$	$	❑
	$	$	❑
	$	$	❑
	$	$	❑
	$	$	❑
Total expenses (sum of all expenses)	$ 0.00	$ 0.00	❑
Net savings or **loss** (subtract **Total expenses** from **Total income**)	$ 0.00	$ 0.00	