

MANDATORY EXPENSES

Date Completed: _____

EXPENSE ITEM	MONTHLY AMOUNT	ANNUAL AMOUNT	FIXED OR VARIABLE	FREQUENCY
Home Mortgage/Rent				
Electric				
Gas				
Water/Sewer/Trash				
Home Phone/Cell Phone				
Auto Loan/Lease Payments				
Auto Maintenance				
Fuel				
Auto Insurance				
Parking/Tolls/Commuting				
Groceries (Basic Essentials)				
Clothing (Basic Essentials)				
Personal Hygiene				
Household Essentials				
Life Insurance				
Health Insurance				
Disability Insurance				
Homeowners/Renters Ins.				
Medical (Deductible/Co-Pay)				
Dental (Deductible/Co-Pay)				
Prescriptions (Deductible/Co-Pay)				
Child Care				
Pet Care				
Real Estate Taxes				
Federal Income Tax				
State Income Tax				
Social Security (FICA)				
Medicare				
Child Support				
Alimony				
SUBTOTAL				

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EXPENSE ITEM	MONTHLY AMOUNT	ANNUAL AMOUNT	FIXED OR VARIABLE	FREQUENCY
School Loans				
Personal Loans				
Emergency Fund Savings				
Other:				
Other:				
Other:				
Other:				
Other:				
Other:				
Other:				
Other:				
TOTAL				