

Monthly Budget

Month: _____

Income

Income One		
Income Two		Income Total

Housing	Budgeted / Bill Amount	Actual Amount Paid
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Mortgage / Rent		
Property Tax		
Insurance		

Utilities	Budgeted / Bill Amount	Actual Amount Paid
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Electricity		
Water		
Gas		

Food	Budgeted / Bill Amount	Actual Amount Paid
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Groceries		
Restaurants		

Transportation	Budgeted / Bill Amount	Actual Amount Paid
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Car Payment		
Insurance		
Gas		

Medical	Budgeted / Bill Amount	Actual Amount Paid
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Health Insurance		
Dentist		

Personal	Budgeted / Bill Amount	Actual Amount Paid
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Miscellaneous		
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Debts	Budgeted / Bill Amount	Actual Amount Paid
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Debt One		
Debt Two		

Savings	Budgeted / Bill Amount	Actual Amount Paid
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Emergency Savings		
Savings		