

# Yearly Spending Plan

Income	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Yearly total
Job													
Spouse													
Other													
Other													
Monthly totals													

Expenses	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Yearly total
Rent/mortgage													
Gas/electric													
Water/sewer/garage													
Telephone/long distance													
Groceries													
Entertainment/eating out													
Car payment													
Gas/public transit													
Auto maintenance/repairs*													
Auto insurance*													
DMV registration/smog*													
Doctor/dentist/therapy*													
Clothing													
Laundry/dry cleaning													
Personal care													
Gifts/holiday expenses*													
Emergency savings													
Debt payments													
Other**													
Other**													
Other**													
Monthly totals													

\*Periodic Expenses  
 \*\*Other Expenses: cable TV, health/dental insurance, life insurance, child care, alimony/child support, tobacco/alcohol, medications, property taxes/insurance, home maintenance, homeowners association dues, vacations, school expenses, subscriptions, donations, pet care, tax payments, etc.