

Budget Estimate

Name _____

Date _____

<i>Income</i> (Weekly, bi-weekly, semi-monthly or monthly)	Head of Household	Spouse	Total
Gross Salary.....	\$	\$	\$
Payroll Tax Deduction	\$	\$	\$
Insurance Deduction on Pay Check	\$	\$	\$
Other Deductions (401K, Dues)	\$	\$	\$
Other Income (Unemployment, child support, social security)	\$	\$	\$
NET MONTHLY INCOME	\$	\$	\$

AVERAGE MONTHLY EXPENSE	AMOUNT
Rent or Mortgage Payment.....	\$
Does Mortgage Include taxes?.....	YES or NO (circle one)
Does Mortgage Include insurance?.....	YES or NO (circle one)
Electricity and gas used for heating and cooking.....	\$
Water.....	\$
Phone.....	\$
Cable T.V.....	\$
Garbage Collection.....	\$
Food.....	\$
Daycare, Child Care or School Expenses	\$
Clothing, Laundry	\$
Personal Care Products	\$
Dental, medical visits and prescription drugs.....	\$
Gasoline and Car Maintenance.....	\$
Recreation, Entertainment & Miscellaneous	\$
Health Insurance.....	\$
Life Insurance.....	\$
Car/Truck Insurance.....	\$
Taxes (real estate & personal property - NOT INCOME).....	\$
Installment Payments (car, furniture or other secured debts)..... (Item: _____ \$ _____)	\$ (Item _____ \$ _____)
Court-ordered child support or alimony payments.....	\$
Other regular monthly living expense (specify).....	\$
TOTAL	\$

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