

Monthly Budget



Name: _____

Date: _____

	<u>Gross</u>	<u>Net</u>		<u>Column 2</u>	
Monthly Income			Credit Debt	Payment	Balance
Primary Income	_____	_____	Personal Loans	_____	_____
Spouse Income	_____	_____	College Loans	_____	_____
Investment Income	_____	_____	Credit Cards	_____	_____
Other Income	_____	_____	Store Cards	_____	_____
TOTAL:	_____	_____	Other Debt Payments	_____	_____
			Other	_____	_____
			Other	_____	_____
Monthly Expenses	<u>Column 1</u>				
Household:	Payment	Balance	Other:	Payment	
Mortgage/Rent	_____	_____	Dining out	_____	
Home Equity Credit	_____	_____	Beauty/Barber	_____	
Electricity	_____	_____	Movie/theater	_____	
Gas	_____	_____	Entertainment	_____	
Water/Sewer	_____	_____	Cable/Satellite/Internet	_____	
Trash pick-up	_____	_____	Subscriptions	_____	
Telephone/Cellular	_____	_____	Tobacco Products	_____	
Furnishings	_____	_____	Club/Memberships	_____	
House/yard service	_____	_____	Gifts	_____	
Maintenance	_____	_____	Hobbies	_____	
Taxes, Real Estate	_____	_____	Soft drinks/alcohol	_____	
Other	_____	_____	Other	_____	
			Other	_____	
			Other	_____	
Family:			Contributions:		
Food/Groceries	_____	_____	Charitable	_____	
School tuition	_____	_____	Other	_____	
School lunches	_____	_____	Insurance Premiums:		
Clothing	_____	_____	Life - # Covered	_____	
Medical (uninsured)	_____	_____	Medical	_____	
Dental (uninsured)	_____	_____	Dental	_____	
Laundry/Dry Cleaning	_____	_____	Disability - # Covered	_____	
Medication	_____	_____	Home	_____	
Child Care	_____	_____	Auto - # People Cover.	_____	
Child Support/Alimony	_____	_____	Health/Medical	_____	
Other	_____	_____	Other	_____	
Other	_____	_____			
Transportation:			Savings (incl. retirement)		
Automobile #1	_____	_____	Stocks, bonds, Mutual Funds	_____	_____
Automobile #2	_____	_____	College	_____	_____
Automobile #3	_____	_____	IRA	_____	_____
Gas/Oil	_____	_____	401(k)	_____	_____
Auto Maintenance	_____	_____	Short Term Savings	_____	_____
Travel Expenses	_____	_____	Other	_____	_____
Other Auto Expenses	_____	_____			
Total Column 1:	_____	_____	Total Column 2:	_____	_____
			Total Net Monthly Income	_____	_____
			Less Monthly Expenses	_____	_____
			NET WORKING CAPITAL	_____	_____

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