



THE ANATOMY OF A BUDGET



FAMILY DATA

Date _____ Phone _____

Name _____ Age _____

Spouse _____ Age _____

Number of children living at home _____

Email _____

Address _____

List and prioritize your financial goals for the next 1-2 years.

1. _____

2. _____

3. _____

4. _____

5. _____



WHAT YOU OWN (ASSETS)

Place current value in space provided

Quick Assets

Cash on hand:

Savings \$ _____

Checking \$ _____

Money Market \$ _____

Mutual Funds \$ _____

Stocks \$ _____

Bonds \$ _____

Life Insurance (Cash Value) \$ _____

Restricted Assets

Certificate of Deposit \$ _____

Maturity Date _____

Retirement Accounts

401K \$ _____

IRA \$ _____

OTHER \$ _____

Current Value of Pension (if applicable) \$ _____

Stock Options \$ _____

Tax-Deferred Annuities \$ _____

Slow Assets

Home \$ _____

Other Real Estate \$ _____

Business Equity \$ _____

Total Assets

\$



WHAT YOU OWE (LIABILITIES)

Place the total balance owed in the space provided.

Credit Card Debts \$ _____

Home Mortgage \$ _____

Home Equity Loan \$ _____

Auto Loans \$ _____

Student Loans \$ _____

Other Loans \$ _____

Total Liabilities \$

Total Assets \$

Minus Total Liabilities \$ _____

Net Worth \$

BASIC MONTHLY EXPENSES

EXPENSE	DUE DATE	PAYMENT
HOUSING		
Rent/Mortgage		
Condo Fee/Dues		
Storage Fee		
UTILITIES		
Electricity		
Gas or Oil Heat		
Water		
Sewer		
Garbage		
Cellular		
Internet		
Cable		
TRANSPORTATION		
Gasoline		
Bus Fare		
Parking/Tolls/Etc.		
FOOD		
Groceries		
Household Supplies		
Lunches (work/school)		
Snacks/Coffee		
INSURANCE		
Auto		
Life		
Health		
Home		
Other		
HEALTH CARE		
Prescription Medicines		
Doctor		
Counseling		
EDUCATION		
Tuition		
Books and Fees		
Room and Board		
MISCELLANEOUS		
TOTAL		

EXPENSE	DUE DATE	PAYMENT
PET CARE		
Food/Etc.		
Veterinarian		
DEPENDENT CARE		
Day Care/Sitter		
Diapers		
Alimony		
Child Support		
Allowance		
CONTRIBUTIONS		
Club/Union Dues		
Church/Synagogue		
Charity		
PERSONAL		
Postage		
Beauty/Barber		
Toiletries/Cosmetics		
Cigarettes/Tobacco		
Health Club		
Newspaper		
Dry Cleaning		
ENTERTAINMENT		
Meals Out		
Movies/Plays		
Hobbies		
Sports		
FEES		
Checking		
ATM		
SAVINGS		
Savings Account		
IRA Contribution		
College Fund		
MISCELLANEOUS		
TOTAL		



PERIODIC EXPENSES

EXPENSE	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
AUTO INSURANCE												
AUTO MAINTENANCE												
GIFTS - HOLIDAY, BIRTHDAYS												
VACATION												
PROPERTY TAXES												
HOME MAINTENANCE												
TAX PREPARATION FEES												
TAXES DUE (OWE)												
TUITION/BOOKS/FEES												
SPECIAL ENTERTAINING												
CLOTHING PURCHASES												
SUBSCRIPTIONS												
MONTHLY TOTALS												
GRAND TOTAL (ADD ALL)												
MONTHLY AVERAGE												



OUTSTANDING FINANCIAL OBLIGATIONS

The following information must be complete and accurate. All debts must be listed, including those to friends and family. List debts in order of balances with the largest balances first. If additional space is needed, please use the reverse side.

CREDITOR	BALANCE	MONTHLY PAYMENT	INTEREST RATE	INTEREST PAID	DUE	AMOUNT PAST DUE
TOTALS						



NOTES

A large, empty rectangular box with rounded corners and a thin black border, intended for taking notes.