## Your Next Move Income and Expenses Forms

## Monthly Income

Enter your gross and net (after taxes) income from all sources. For income received infrequently, such as bonuses or tax returns, calculate the annual income, then divide by 12 to find the monthly amount.

| Source | Gross | Net |
| :--- | :--- | :--- |
| Job |  |  |
| Spouse's job |  |  |
| Part-time job |  |  |
| Rental/room \& board received |  |  |
| Commissions/bonuses |  |  |
| Tax refunds |  |  |
| Investment income |  |  |
| Government benefits |  |  |
| Unemployment insurance |  |  |
| Child support/alimony |  |  |
| Support from family/friends |  |  |
| Other |  |  |
| Total |  |  |

## Essential Expenses

Household expenses are categorized into essential and discretionary. Since many expenses are variable, such as utilities and groceries, it is important to average these expenses. Other expenses are periodic (such as insurance or vehicle registration). Again, calculate the annual amount and divide by 12.

| Category | Expense | Average Per Month | Goal Per Month |
| :---: | :---: | :---: | :---: |
| HOUSING | Rent/Mortgage |  |  |
|  | 2nd Mortgage/Equity Line |  |  |
|  | Homeowner's/Renter's Insurance |  |  |
|  | Condo Fees/HOA Dues |  |  |
|  | Home Maintenance |  |  |
|  | Gas/Electric |  |  |
|  | Water/Sewer/Garbage |  |  |
|  | Telephone |  |  |
| FOOD | Groceries/Household Items |  |  |
|  | At Work/School |  |  |
| INSURANCE (Exclude payroll deducted amounts) | Health/Dental/Vision |  |  |
|  | Life/Disability |  |  |
| MEDICAL CARE <br> (Exclude payroll deducted amounts) | Doctor/Chiropractor |  |  |
|  | Optometrist/Lenses |  |  |
|  | Dentist/Orthodontist |  |  |
|  | Prescriptions |  |  |
| TRANSPORTATION (Exclude payroll deducted amounts) | Car Payment \#1 |  |  |
|  | Car Payment \#2 |  |  |
|  | Auto Insurance |  |  |
|  | Registration |  |  |
|  | Gasoline/Oil |  |  |
|  | Maintenance/Repairs |  |  |
|  | Public Transportation/Tolls/Parking |  |  |
| CHILD CARE (Exclude payroll deducted amounts) | Daycare |  |  |
|  | Child Support/Alimony |  |  |
| MISCELLANEOUS | Banking Fees |  |  |
|  | Laundry |  |  |
|  | Union Dues |  |  |
|  | Other |  |  |
| INCOME TAXES | Prior Year |  |  |
|  | Estimated Tax Payments (Self-Employed) |  |  |
| SAVINGS | Emergency |  |  |
|  | Goals |  |  |
| TOTALS |  |  |  |

## Discretionary Expense

| Category | Expense | Average Per Month | Goal Per Month |
| :--- | :--- | :--- | :--- |
| PERSONAL | Beauty/Barber |  |  |
|  | Clothing/Jewelry |  |  |
|  | Cosmetics/Manicure |  |  |
|  | Cable/Satellite |  |  |
|  | Movies/Concerts/Theater |  |  |
|  | Books/Magazines |  |  |
|  | CD/Tapes/Videos/DVD |  |  |
|  | Dining Out |  |  |
|  | Sports/Hobbies |  |  |
|  | Vacation/Travel |  |  |
| MISCELLANEOUS | Internet Service |  |  |
|  | Pet Care |  |  |
|  | Gifts for Holidays/Birthdays |  |  |
|  | Cell Phone/Pager |  |  |
|  | Postage |  |  |
|  | Cigarettes/Alcohol |  |  |
|  | Contributions to Church/Charity |  |  |
|  | Other |  |  |

## Unsecured Debt

List all debts (except auto loans and mortgages) along with the name of the creditor, interest rate, total balance owing and the required minimum payment. This includes credit and charge cards, installment loans, personal loans and outstanding medical bills.

| Creditor Name | Interest Rate | Monthly Payment | Balance |
| :--- | :--- | :--- | :--- |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |
| 6 |  |  |  |
| 7 |  |  |  |
| 8 |  |  |  |
| 10 |  |  |  |
| 11 |  |  |  |
| 12 |  |  |  |

## Bottom Line

Once you have determined the total of your take-home pay and expenses you are ready to determine your bottom line. Subtract the total of all expenses including debt payments from your net income. If the result is a positive number, you can add the extra money to your savings to reach your goals sooner. If your expenses exceed your income, you'll need to make some adjustments to bring your finances back into balance.

| Monthly Net Income | Total Essential <br> Expenses | Total Discretionary <br> Expenses | Total Debt Payment | Balance |
| :--- | :--- | :--- | :--- | :--- |
|  | - | - | - | $=$ |

