

# My Budget Worksheet

Name(s): \_\_\_\_\_

Date: \_\_\_\_\_

Gross Income			
	Client	Co-client	Joint
Wages, Salary and Tips	\$	\$	\$
Business/Farm Income or Loss	\$	\$	\$
<b>Earned Income Subtotal</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>
Dividends	\$	\$	\$
Interest	\$	\$	\$
IRA Distributions	\$	\$	\$
<b>Investment Income Subtotal (not reinvested)</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>
Alimony	\$	\$	\$
Pensions / Annuities	\$	\$	\$
Rental Real Estate, Partnership, Trust	\$	\$	\$
Social Security	\$	\$	\$
Other	\$	\$	\$
<b>Other Income Not Subject to FICA Subtotal</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>
<b>Subtotal</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

Living Expenses	Monthly	Annual
General	\$	\$
Rent	\$	\$
Homeowner's / Renter's Insurance	\$	\$
Health Insurance	\$	\$
Auto Insurance	\$	\$
Property Taxes (Real Estate / Vehicle)	\$	\$
Home Repairs / Maintenance	\$	\$
Utilities (Gas / Electric / Phone / Water / Garbage)	\$	\$
Groceries	\$	\$
Personal Goods (Toiletries / Dry Cleaning / Housekeeping)	\$	\$
Entertainment (Dining Out / Travel / Vacation)	\$	\$
Clothing	\$	\$
Gifts (Birthday / Holiday / Special Occasion)	\$	\$
Transportation (Gas / Taxis / Maintenance / Parking)	\$	\$
Charitable Contributions	\$	\$
Child Care (Lessons / Sports / Alimony)	\$	\$
Other	\$	\$
<b>Subtotal</b>	<b>\$</b>	<b>\$</b>

Debts	Responsible Party	Balance	Monthly Payment Principal & Interest Only	Interest Rate	Lending Institution
Primary Residence		\$	\$	%	
Home Equity / Other Mortgage		\$	\$	%	
Real Estate / Business		\$	\$	%	
Credit Card		\$	\$	%	
Credit Card		\$	\$	%	
Automobile		\$	\$	%	
Automobile		\$	\$	%	
Other		\$	\$	%	
<b>Subtotal</b>		<b>\$</b>	<b>\$</b>		
<b>Annual Subtotal</b>		<b>12 X [Subtotal]</b>	<b>\$</b>		

Life Insurance	Insurer Name	Owner	Beneficiary	Death Benefit	Cash Value	Annual Premium
Term				\$	\$	\$
Group (Work)				\$	\$	\$
Other				\$	\$	\$
<b>Subtotal</b>				<b>\$</b>	<b>\$</b>	<b>\$</b>

Taxes	Annual
Federal Income Tax	\$
State / Local Income Tax	\$
Social Security Income Tax	\$
<b>Subtotal</b>	<b>\$</b>

Current Financial Commitments (Enter either monthly or annual amounts.)			
	Client	Co-client	Joint
<b>Retirement Plan Balances [401(k), 403(b), IRA]</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>
Personal Contribution	\$	\$	\$
Employer Contribution	\$	\$	\$
Retirement (Taxable) Contribution	\$	\$	\$
<b>Education Plan Balances (529, UTMA, Coverdell)</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>
Personal Contribution	\$	\$	\$
<b>Other</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

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