

Sample Budget

1	Monthly Expenses – Fixed	Amount	Priority	Notes
2	Rent/Mortgage (Housing Costs)			
3	Car Lease/Finance Payments			
4	Domestic Help			
5	Magazine/Newspaper Subscriptions			
6	Gym Membership			
7	Home Phone			
8	Cell Phones			
9	Internet			
10	Gas (Average Bill)			
11	Water (Average Bill)			
12	Electricity (Average Bill)			
13	Miscellaneous/Tzedaka/Savings			
14	Shalom Bayis Fund			
15	Total			
16	Monthly Expenses- Variable	Amount	Priority	Notes
17	Groceries			
18	Restaurants and Take Out			
19	Gas			
20	Haircuts			
21	Babysitting			
22	Vitamins/Food Supplements			
23	Extra Shabbos Costs (flowers, travel, gifts etc.)			
24	Total			
25	All Monthly Expenses Total			
26	Annual Expenses	Amount	Priority	Notes
27	Shul Membership/Seats			
28	Tishrei Food (Rosh Hashana- Sukkos)			
29	Sukka Costs + Lulav and Esrog			
30	Chanukka /Purim (Gifts / Gelt / Costumes / Mishloach Manos / Matanos La'evyonim / Seudah)			
31	Pesach (Food, Wine, Matzah, Gifts)			
32	Chol Ha'mo'ed Trips			
33	Summer Vacations (Gas, Sights, Food, Accommodations)			
34	Clothing, Parents (Summer/Winter)			
35	Clothing, Children (Summer/Winter)			
36	Shoes, Children/Parents			
37	Plumbing/Electric/Home Repairs/Landscaping			
38	Car Repairs/Oil Changes/Registration/License			
39	Gifts/Birthdays (teachers, family, etc.)			
40	Shaitel/Cosmetics			
41	Dry-cleaning			
42	Non-monthly trips/vacations/EZ Pass			
43	Miscellaneous (music lessons/classes/bikes etc.)			
44	Total			

45	Annual Expenses- Tuition/Camp	Amount	Priority	Notes
46	Tuition Boys			
47	Tuition Girls			
48	School Supplies/Camp Expenses			
49	Summer Camp Boys			
50	Summer Camp Girls			
51	Day Care/Daily Babysitting			
52	Total			
53	Annual Expenses- Health Care	Amount	Priority	Notes
54	Health Insurance Premiums			
55	Co-Pays			
56	Medicine			
57	Out-of-Pocket Deductible			
58	Therapy/Classes (Physical, Mental Health)			
59	Dentist			
60	Eye Glasses/Lenses			
61	Total			
62	Annual Expenses- Insurance & Taxes	Amount	Priority	Notes
63	Home/Renters Insurance (if separate)			
64	Property Tax (if separate)			
65	Income Tax			
66	Life Insurance			
67	Car Insurance			
68	Total			
69	Total All Annual Expenses			
70	Total Monthly Expenses x 12			
71	Grand Total Expenses [Line 68 plus Line 69]			
72	Grand Total Divided By 12			
73	Monthly Income			
74	Husband Monthly (net)			
75	Wife Monthly (net)			
76	(Important! Figure in Seasonal Reductions)			
77	Other Sources			
78	Total			
79	Annual Income			
80	Tax Return			
81	Bonus			
82	Irregular Income/Other/Family			
83	Total			
84	Monthly Income x 12			
85	Annual Income			
86	Total Income			
87				
88	Total Income [line 85]			
89	Total Expenses [line 70]			
90	Total income minus total expenses			Annual Number
91	[Line 89] Divided by 12			Monthly Number

92	Debts	Amount	Interest Rate	
93	1			
94	2			
95	3			
96	4			
97	5			
98	6			
99	7			
100	8			
101	9			
102	10			
103	Total Debts			
104				
105	Assets	Amount		
106	Home			
107	Car			
108	Investment Funds			
109	Money Entrusted to Gemach			
110	Savings Account			
111	Checking Account			
112	Other			
113	Total Assets			
114				
115	Toral Assets [line 112] minus Debts [line 102]			
116	Annual Number [line 90]			
117	Monthly Number [line 89]			
118	Future Expenses			Date of Expected Expense
119	House/Renovations			
120	Car			
121	Wedding			
122	Bar Mitzva			
123	Retirement			
124	Vacation			