



Road to Wealth

My Spending Plan

Creating a spending plan can be a lot like going on a treasure hunt. Sure you need your money to do a lot of things each month, but if you dig around you're sure to find dimes and dollars that you can use to fill your pot 'o gold.

ESTIMATED TIME

60 Minutes

WHAT YOU'LL NEED

Bills, receipts, bank statements, payment books and other things that will help you chart where you spend money.



My Spending Plan

NAME _____

DATE _____

HOUSING

| | Monthly Costs | Yearly Costs |
|--------------------------------------|-------------------------|-------------------------|
| Mortgage/rent _____ | \$ <input type="text"/> | \$ <input type="text"/> |
| Real estate taxes _____ | \$ <input type="text"/> | \$ <input type="text"/> |
| Homeowner's/renter's insurance _____ | \$ <input type="text"/> | \$ <input type="text"/> |
| Gas _____ | \$ <input type="text"/> | \$ <input type="text"/> |
| Electric _____ | \$ <input type="text"/> | \$ <input type="text"/> |
| Water/sewer _____ | \$ <input type="text"/> | \$ <input type="text"/> |
| Phone/cell phone/Internet _____ | \$ <input type="text"/> | \$ <input type="text"/> |
| Cable/satellite _____ | \$ <input type="text"/> | \$ <input type="text"/> |
| Trash collection _____ | \$ <input type="text"/> | \$ <input type="text"/> |
| Home repair/maintenance _____ | \$ <input type="text"/> | \$ <input type="text"/> |
| Total _____ | \$ <input type="text"/> | \$ <input type="text"/> |

TRANSPORTATION

| | Monthly Costs | Yearly Costs |
|---|-------------------------|-------------------------|
| Car loan/lease payment _____ | \$ <input type="text"/> | \$ <input type="text"/> |
| Gasoline _____ | \$ <input type="text"/> | \$ <input type="text"/> |
| License plates _____ | \$ <input type="text"/> | \$ <input type="text"/> |
| Repairs/maintenance _____ | \$ <input type="text"/> | \$ <input type="text"/> |
| Other transportation (bus/train/taxi) _____ | \$ <input type="text"/> | \$ <input type="text"/> |
| Total _____ | \$ <input type="text"/> | \$ <input type="text"/> |

FOOD

| | Monthly Costs | Yearly Costs |
|----------------------|-------------------------|-------------------------|
| Groceries _____ | \$ <input type="text"/> | \$ <input type="text"/> |
| Eating out _____ | \$ <input type="text"/> | \$ <input type="text"/> |
| Work lunches _____ | \$ <input type="text"/> | \$ <input type="text"/> |
| School lunches _____ | \$ <input type="text"/> | \$ <input type="text"/> |
| Total _____ | \$ <input type="text"/> | \$ <input type="text"/> |

CLOTHING

| | Monthly Costs | Yearly Costs |
|-----------------------|-------------------------|-------------------------|
| Family member 1 _____ | \$ <input type="text"/> | \$ <input type="text"/> |
| Family member 2 _____ | \$ <input type="text"/> | \$ <input type="text"/> |
| Family member 3 _____ | \$ <input type="text"/> | \$ <input type="text"/> |
| Family member 4 _____ | \$ <input type="text"/> | \$ <input type="text"/> |
| Total _____ | \$ <input type="text"/> | \$ <input type="text"/> |

ENTERTAINMENT

| | Monthly Costs | Yearly Costs |
|--|-------------------------|-------------------------|
| Movies/sporting events _____ | \$ <input type="text"/> | \$ <input type="text"/> |
| Green fees/pool membership, etc. _____ | \$ <input type="text"/> | \$ <input type="text"/> |
| Other _____ | \$ <input type="text"/> | \$ <input type="text"/> |
| Total _____ | \$ <input type="text"/> | \$ <input type="text"/> |

CHARITABLE CONTRIBUTIONS

| | Monthly Costs | Yearly Costs |
|--------------------------------------|-------------------------|-------------------------|
| Community organizations _____ | \$ <input type="text"/> | \$ <input type="text"/> |
| Religious organizations _____ | \$ <input type="text"/> | \$ <input type="text"/> |
| Payroll deductions for charity _____ | \$ <input type="text"/> | \$ <input type="text"/> |
| Other _____ | \$ <input type="text"/> | \$ <input type="text"/> |
| Total _____ | \$ <input type="text"/> | \$ <input type="text"/> |

ACTIVITIES FOR KIDS IN THE HOUSE

| | Monthly Costs | Yearly Costs |
|----------------------------------|-------------------------|-------------------------|
| Daycare/camp _____ | \$ <input type="text"/> | \$ <input type="text"/> |
| Fees for school activities _____ | \$ <input type="text"/> | \$ <input type="text"/> |
| Piano lessons _____ | \$ <input type="text"/> | \$ <input type="text"/> |
| Sports _____ | \$ <input type="text"/> | \$ <input type="text"/> |
| Allowance _____ | \$ <input type="text"/> | \$ <input type="text"/> |
| Total _____ | \$ <input type="text"/> | \$ <input type="text"/> |

MEDICAL/DENTAL

| | Monthly Costs | Yearly Costs |
|---------------------------|-------------------------|-------------------------|
| Premiums _____ | \$ <input type="text"/> | \$ <input type="text"/> |
| Co-pays _____ | \$ <input type="text"/> | \$ <input type="text"/> |
| Prescriptions _____ | \$ <input type="text"/> | \$ <input type="text"/> |
| Vitamins/treatments _____ | \$ <input type="text"/> | \$ <input type="text"/> |
| Total _____ | \$ <input type="text"/> | \$ <input type="text"/> |

INSURANCE PREMIUMS

| | Monthly Costs | Yearly Costs |
|---------------------------------|-------------------------|-------------------------|
| Auto _____ | \$ <input type="text"/> | \$ <input type="text"/> |
| Life _____ | \$ <input type="text"/> | \$ <input type="text"/> |
| Health _____ | \$ <input type="text"/> | \$ <input type="text"/> |
| Disability/long-term care _____ | \$ <input type="text"/> | \$ <input type="text"/> |
| Total _____ | \$ <input type="text"/> | \$ <input type="text"/> |

PERSONAL

| | Monthly Costs | Yearly Costs |
|--------------------------------|-------------------------|-------------------------|
| Haircuts/manicures, etc. _____ | \$ <input type="text"/> | \$ <input type="text"/> |
| Dry cleaning/laundry _____ | \$ <input type="text"/> | \$ <input type="text"/> |
| Gifts _____ | \$ <input type="text"/> | \$ <input type="text"/> |
| Subscriptions _____ | \$ <input type="text"/> | \$ <input type="text"/> |
| Gym memberships _____ | \$ <input type="text"/> | \$ <input type="text"/> |
| Total _____ | \$ <input type="text"/> | \$ <input type="text"/> |

SAVINGS

| | Monthly Costs | Yearly Costs |
|---------------------------------|-------------------------|-------------------------|
| 401(k) _____ | \$ <input type="text"/> | \$ <input type="text"/> |
| IRA _____ | \$ <input type="text"/> | \$ <input type="text"/> |
| Emergency savings account _____ | \$ <input type="text"/> | \$ <input type="text"/> |
| Other _____ | \$ <input type="text"/> | \$ <input type="text"/> |
| Total _____ | \$ <input type="text"/> | \$ <input type="text"/> |

TOTAL COSTS

| | Monthly Total | Yearly Total |
|--------------------------------|-------------------------|-------------------------|
| Housing _____ | \$ <input type="text"/> | \$ <input type="text"/> |
| Transportation _____ | \$ <input type="text"/> | \$ <input type="text"/> |
| Food _____ | \$ <input type="text"/> | \$ <input type="text"/> |
| Clothing _____ | \$ <input type="text"/> | \$ <input type="text"/> |
| Entertainment _____ | \$ <input type="text"/> | \$ <input type="text"/> |
| Activities for Kids _____ | \$ <input type="text"/> | \$ <input type="text"/> |
| Charitable Contributions _____ | \$ <input type="text"/> | \$ <input type="text"/> |
| Medical/Dental _____ | \$ <input type="text"/> | \$ <input type="text"/> |
| Insurance Premiums _____ | \$ <input type="text"/> | \$ <input type="text"/> |
| Personal _____ | \$ <input type="text"/> | \$ <input type="text"/> |
| Savings _____ | \$ <input type="text"/> | \$ <input type="text"/> |
| Debt Payments _____ | \$ <input type="text"/> | \$ <input type="text"/> |
| Other _____ | \$ <input type="text"/> | \$ <input type="text"/> |
| Total _____ | \$ <input type="text"/> | \$ <input type="text"/> |

Want to see where your money is going?
 Fill in a box for each \$100 you spend monthly in each category.

