

Budget (Spending Plan) Analysis
 Date _____

Income Per Year: _____
 Income Per Month: _____

| Monthly Payment Category | Existing Budget | Guideline Budget | Difference + or - | New Monthly Budget |
|--|-----------------|------------------|-------------------|--------------------|
| 1. Tithe/Giving | | | | |
| 2. Tax | | | | |
| Net Spendable Income | | | | |
| 3. Housing | | | | |
| 4. Food | | | | |
| 5. Auto | | | | |
| 6. Insurance | | | | |
| 7. Debts | | | | |
| 8. Entertain & Recreation | | | | |
| 9. Clothing | | | | |
| 10. Savings | | | | |
| 11. Medical | | | | |
| 12. Miscellaneous | | | | |
| 13. Investments | | | | |
| 14. School/Child Care | | | | |
| Total Living Expenses (Total of 3-14) | | | | |
| Difference | | | | |