

Monthly Budget Worksheet

Please complete this worksheet before your next appointment. With this information, we can understand where you are now and help guide you to where you want to be in the future.

Name: _____ Date: _____

Monthly Gross Income					Total \$	
Sources						
Amount	\$	\$	\$	\$	\$	\$

Monthly Expenses					Total \$	
Systematic Investing	Type					
	Payment	\$	\$	\$	\$	\$

Taxes	Income Taxes Paid	\$	Social Security/Medicare	\$
Housing	Mortgage/Rent Payment	\$	Property Taxes	\$
	Maintenance	\$	Homeowner Fees	\$
	Homeowner's Insurance	\$	Furnishings	\$
Utilities	Water	\$	Gas	\$
	Electric	\$	Sewer	\$
	Trash	\$	Telephone	\$
	Cell Phone	\$	Satellite/Cable TV	\$
Other Necessities	Food/Groceries	\$	Medical/Dental/Vision	\$
	Child Care	\$	Education	\$
Insurance Premiums	Life Insurance	\$	Health Insurance	\$
	Disability Insurance	\$	Long-term Care Insurance	\$
	Auto Insurance	\$		
Transportation/Auto	Loans/Leases	\$	Fuel	\$
	Tolls/Train/Bus/Subway	\$	Parking	\$
	Service	\$	Inspections/Licenses	\$
Miscellaneous	Charitable Contributions	\$	Vacation/Travel	\$
	Movies/Entertainment	\$	Alimony/Child Support	\$
	Clothing	\$	Other Loan Payments	\$
	Gifts	\$	Legal	\$
	Lessons/Sports	\$	Newspaper/Magazines	\$
	Dry Cleaners	\$	Housekeeping	\$
	Dining Out	\$	Other	\$

Loans	Type				
	Payment	\$	\$	\$	\$

Monthly Discretionary Income (Shortfall) (Monthly Gross Income - Monthly Expenses)	Total \$

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MAKING SENSE OF INVESTING