

NAME(S) _____ DATE - from _____ to _____

INCOME AND EXPENSE STATEMENT

EXPENSES	INCOME	Amount
<u>Fixed</u>	Salary (take home)	_____
Rent/Mortgage _____	_____	_____
Savings/Investment _____	_____	_____
Revolving Savings _____	_____	_____
Loans _____	Bonuses, tips, etc.	_____
_____	Interest and Dividends	_____
Insurance _____	Other _____	_____
Other _____	_____	_____
_____	_____	_____
SUB-TOTAL _____	INCOME TOTAL _____	_____

Variable

Utilities _____
Phone/Cell _____
Cable _____
Other _____
Food - groceries _____
Eating Out _____
Gasoline for Autos _____
Household _____
Personal Care _____
Clothing _____
Laundry/Dry Clean _____
Medical - Doctors _____
Prescriptions _____
Personal Allowance _____
Entertainment _____
Contributions _____
Miscellaneous _____
Other _____
SUB-TOTAL _____
EXPENSE TOTAL _____

Income	\$ _____
Expense	- \$ _____
NET Gain/Loss =	\$ _____
Saved/Invested	\$ _____