Budget
Practical Financial Workbook

Instructions:

1. Save this file to your computer under the file name that makes sense for you, such as "My Budget A

2. Please input your data in the "yellow" areas only.

3. The worksheets have been provided to you with "protected" data fields. If you need to make adjustı or tax rates, please save your file, then "unprotect" the appropriate sheet(s) by using the password

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TABLE OF CONTENTS	
30 Day Tracker	Begin tracking your spending, daily, so you are knowing where yo
Variable Expenses	Use this to obtain a reasonable monthly budget figure for irregular
Current Spending Plan	Complete this to give a picture of your current spending.
Percentage Guidelines	Find the closest scenario to your situation and use the appropriate
Percentage Spending Plan	Use the Percentage Guidelines to get specific figures that fit your
Spending Plan Analysis	Compare your current spending to the guideline budget amounts,
Balanced Spending Plan	Transfer your adjusted balanced budget figures here.

Analysis Forms".XLS.

ments to any formulas
"2015" (without quotes).

ur money is going.
or non-monthly expenses.
e percentage guideline for your Percentage Spending Plan figures.
situation.
and begin making adjustments until you have a balanced budget.

Monthly Budget

Month		**Year**													
		TITHE/						ENTERTAINMENT				HEALTH &			SCHOOL/
Category	INCOME	GIVING	TAXES	HOUSING	FOOD	TRANSPOR.	INSUR.	DEBTS	RECREATION	CLOTHING	SAVINGS	WELLNESS	MISC.	INVEST.	CHILD CARE
ALLOCATED AMOUNT															
Date															
1															
2															
3															
4															
5															
6															
7															
8															
9															
10															
11															
12															
13															
14															
15															
This month SUBTOTAL	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
16															
17															
18															
19															
20															
21															
22															
23															
24															
25															
26															
27															
28															
29															
30															
31															
This month Actual	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
This month vs. Budget															
Year to Date BUDGET															
Year to Date ACTUAL															
YTD Actual vs. Budget	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -

			This Month								Year to Date				
BUDGET	CROWN Do Well	Total Income		$ -						Total Income		$ -			
SUMMARY		Minus Total Expenses		$ -					=	Minus Total Expenses					
		Equals Surplus / Deficit		$ -						Equals Surplus / Deficit		$ -			

Computing The Variable Expenses

Date:

Annual Expense Items	Estimated Yearly Cost	/ 12 =	Estimated Cost Per Month
1. Vacation			$ -
2. Dentist			$ -
3. Doctor			$ -
4. Automobile			$ -
5. Life Insurance			$ -
6. Health Insurance			$ -
7. Auto Insurance			$ -
8. Home Insurance			$ -
9. Clothing			$ -
10. Investments			$ -
11. Other			$ -
12. Other			$ -
13. Other			$ -
14. Other			$ -
15. Other			$ -

Current Spending Plan

Monthly Income

GROSS MONTHLY INCOME	*Amount*	*$* -
Monthly Salary		
Interest Income		
Dividends		
Commissions		
Bonuses/Tips		
Retirement Income		
Net Business Income		
Other Income		

LESS

Category 1 - Tithe/Giving (monthly)	*Amount*	*$* -
The Local Church		
The Poor		
Other Ministries		
Other Giving		

Category 2 - Taxes (monthly)	*Amount*	*$* -
Federal		
Social Security (FICA)		
Medicare		
State Taxes		
Local Taxes		
Other		
Other		

NET SPENDABLE INCOME (monthly)	*Amount*	$ -

Monthly Living Expenses

Category 3 - Housing (monthly)	*Amount*	*$* -
Mortgage(s)		
Rent		
Insurance		
Property Taxes		
Electricity		
Gas		
Water		
Sanitation		
Telephone / Cell phone		
Maintenance		
Cable TV / Internet Service		
Other		

Category 4 - Food (monthly)	*Amount*	*$* -
Grocery		
Other		

Category 5 - Transportation (monthly)	***Amount***	***$ -***
Auto Payment(s)		
Gas & Oil		
Auto Insurance		
Licenses & Taxes		
Maintenance		
Replacement		
Other - Tolls/Parking/Transit Fares		

Category 6 - Insurance (monthly)	***Amount***	***$ -***
Life		
Health		
Disability		
Other		

Category 7 - Debts (monthly)	***Amount***	***$ -***
Total Business/Investment Debt (from Debt List)		
Total Other (NOT on Debt List)		

Category 8 - Entertainment & Recreation (monthly)	***Amount***	***$ -***
Eating Out / Lunches		
Baby Sitters		
Activities / Trips		
Vacation		
Pets		
Other		

Category 9 - Clothing (monthly)	***Amount***	***$ -***
Children's Clothing Needs		
Husband/Wife Clothing Needs		
Other		

Category 10 - Savings (monthly)	*Amount*	*$* -
Savings Account		
Credit Union		
Other		

Category 11 - Health & Wellness (monthly)	*Amount*	*$* -
Doctor		
Dentist		
Prescriptions		
Eye Glasses / Contacts		
Other		

Category 12 - Miscellaneous (monthly)	*Amount*	*$* -
Toiletries / Cosmetics		
Beauty / Barber		
Laundry / Cleaning		
Allowances		
Subscriptions		
Gifts (including Christmas)		
Cash		
Other		

Category 13 - Investments (monthly)	*Amount*	*$* -
401k/403b plans		
College Funds		
Stocks, Bonds, Mutual Funds		
Real Estate		
Other		

Category 14 - School/Child Care (monthly)	*Amount*	*$* -
School Tuition		
School Books, Supplies, Materials, etc		
Transportation		
Day Care		
Tutoring, Lessons for Music, Dance, etc		
Other		

Total Living Expenses	**$** -

INCOME vs. LIVING EXPENSES

Net Spendable Income	**$** -
Less Total Living Expenses	**$** -
Surplus or Deficit	**$** -

Suggested Percentage Guidelines For Family Income

(Married with 2 Children)

GROSS HOUSEHOLD INCOME:	25,000	35,000	45,000	55,000	85,000	125,000
1. Tithe/Giving	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%
2a. Taxes: Federal 1						
2b. Taxes: Social Security						
2c. Taxes: Medicare						
2d. Taxes: State 1						
2e. Taxes: Other 1						
Total Taxes: 2	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

Net Spendable Income percentages below add to 100%

NET SPENDABLE INCOME:	22,500	31,500	40,500	49,500	76,500	112,500
3. Housing	39.0%	36.0%	32.0%	30.0%	30.0%	29.0%
4. Food	15.0%	12.0%	13.0%	12.0%	11.0%	11.0%
5. Transportation	15.0%	12.0%	13.0%	14.0%	13.0%	13.0%
6. Insurance	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%
7. Debts	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%
8. Entertainment/Recreation	3.0%	5.0%	5.0%	7.0%	7.0%	8.0%
9. Clothing	4.0%	5.0%	5.0%	6.0%	7.0%	7.0%
10. Savings	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%
11. Health & Wellness	5.0%	6.0%	6.0%	5.0%	5.0%	5.0%
12. Miscellaneous	4.0%	4.0%	6.0%	6.0%	7.0%	7.0%
13. Investments 3	0.0%	5.0%	5.0%	5.0%	5.0%	5.0%
Total Net Spendable Income:	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

If you have school/child care expenses, these percentages must be deducted from other categories.

14. School/Child Care 4	8.0%	6.0%	5.0%	5.0%	5.0%	5.0%

1 The most accurate way to determine your Federal, State and Other tax withholdings is to check your last Federal and State tax returns.

2 In some cases earned income credit (EIC) will apply. It may be possible to increase the number of deductions to lessen the amount of tax paid per month. Review the last tax return for specific information.

3 This category is used for long-term investment planning, such as college education or retirement.

4 This category is added as a guide only. If you have this expense, the percentage shown must be deducted from other budget categories.

Percentage Spending Plan [1]

Annual Income:

Gross Monthly Income:

	Use appropriate % from "Percentage Guide" tab [2]			
1. Tithe/Giving		x	$	-
2a. Taxes: Federal		x	$	-
2b. Taxes: Social Security		x	$	-
2c. Taxes: Medicare		x	$	-
2d. Taxes: State		x	$	-
2e. Taxes: Other		x	$	-
Total taxes:	0.00%			

Net Spendable Income (NSI)

Spending Category	Percentage		Net Spendable Income		
Net Spendable Income percentages below should add to 100%					
3. Housing		x	$	-	=
4. Food		x	$	-	=
5. Transportation		x	$	-	=
6. Insurance		x	$	-	=
7. Debts		x	$	-	=
8. Entertainment/Recreation		x	$	-	=
9. Clothing		x	$	-	=
10. Savings		x	$	-	=

11. Health & Wellness		x	$	-	=
12. Miscellaneous		x	$	-	=
13. Investments		x	$	-	=
14. School/Child Care[2]		x	$	-	=
Total: (cannot exceed 100%)	0.0%				
TOTAL: (cannot exceed Net Spendable Income)					

1 **This form corresponds to Page 86 in the Do Well Life Group Manual.**

[2] **Use the guideline rates from the Percentage Guide tab, or use actual percentages from yc Federal and State tax returns.**

[3] **If you have school/child care expenses, these percentages must be deducted from other**

$ -

$ -

$ -
$ -
$ -
$ -
$ -
$ -
$ -

$ -	Annual NSI

Amount
$ -
$ -
$ -
$ -
$ -
$ -
$ -
$ -

$	-
$	-
$	-
$	-
$	**-**

OK

our most recent

categories.

CROWN
Advancing God's Principles of Stewardship and Life

Spending Plan Analysis [1]

Date:

Gross Income per year:

Gross Income per month:

Guideline Net Spendable Income Per Month:

Monthly Payment Category	Current Spending Plan [2]	Monthly Guideline Plan [3]
1. Tithe/Giving	$ -	$ -
2d. Taxes: Federal	$ -	$ -
2a. Taxes: Social Security	$ -	$ -
2b. Taxes: Medicare	$ -	$ -
2c. Taxes: State	$ -	$ -
2e. Taxes: Other	$ -	$ -
Taxes Total:	$ -	$ -
Net Spendable Income (NSI)	$ -	$ -
3. Housing	$ -	$ -
4. Food	$ -	$ -
5. Transportation	$ -	$ -
6. Insurance	$ -	$ -
7. Debts	$ -	$ -
8. Entertainment/Recreation	$ -	$ -
9. Clothing	$ -	$ -
10. Savings	$ -	$ -
11. Health & Wellness	$ -	$ -
12. Miscellaneous	$ -	$ -
13. Investments	$ -	$ -
14. School/Child Care	$ -	$ -
TOTAL of 3 to 14: (cannot exceed Net Spendable Income)	$ -	$ -

[1] This form corresponds to Page 87 in the Do Well Life Group Manual.

[2] **Amounts in the Current Spending Plan column are taken from the tab called "Est Spending**

[3] **When you complete the Percentage Spending Plan tab, it will automatically fill in the amou**

$	**-**
$	**-**
$	**-**

Difference + or -	New Monthly Plan
$ -	
$ -	
$ -	
$ -	
$ -	
$ -	
$ -	$ -
$ -	$ -
$ -	
$ -	
$ -	
$ -	
$ -	
$ -	
$ -	
$ -	
$ -	
$ -	
$ -	$ -
	$ -

| Plan - Current."

nts for the Monthly Guideline Plan column.

Balanced Spending Plan [1]

Monthly Income

GROSS MONTHLY INCOME	*Amount*	*$* -
Monthly Salary		
Interest Income		
Dividends		
Commissions		
Bonuses/Tips		
Retirement Income		
Net Business Income		
Other Income		

LESS

Category 1 - Tithe/Giving (monthly)	*Amount*	*$* -
The Local Church		
The Poor		
Other Ministries		
Other Giving		

Category 2 - Taxes (monthly)	*Amount*	*$* -
Federal		
Social Security (FICA)		
Medicare		
State Taxes		
Local Taxes		
Other		

NET SPENDABLE INCOME (monthly)	*Amount*

Monthly Living Expenses

Category 3 - Housing (monthly)	*Amount*	*$* -
Mortgage(s)		
Rent		
Insurance		
Property Taxes		
Electricity		
Gas		
Water		
Sanitation		
Telephone / Cell phone		
Maintenance		
Cable TV / Internet Service		
Other		

Category 4 - Food (monthly)	*Amount*	*$* -
Grocery		

Other		
Category 5 - Transportation (monthly)	***Amount***	***$ -***
Auto Payment(s)		
Gas & Oil		
Auto Insurance		
Licenses & Taxes		
Maintenance		
Replacement		
Other - Tolls/Parking/Transit Fares		
Category 6 - Insurance (monthly)	***Amount***	***$ -***
Life		
Health/Dental		
Disability		
Other		
Category 7 - Debts (monthly)	***Amount***	***$ -***
Total Business/Investment Debt *(from Debt List)*		
Total Other (NOT on Debt List or extra payments on debts above)		
Category 8 - Entertainment & Recreation (monthly)	***Amount***	***$ -***
Eating Out / Lunches		
Baby Sitters		
Activities / Trips		
Vacation		
Pets		
Other		
Category 9 - Clothing (monthly)	***Amount***	***$ -***
Children's Clothing Needs		
Husband/Wife Clothing Needs		

Other		
Category 10 - Savings (monthly)	***Amount***	***$ -***
Savings Account		
Credit Union		
Other		
Category 11 - Health & Wellness (monthly)	***Amount***	***$ -***
Doctor		
Dentist		
Prescriptions		
Eye Glasses / Contacts		
Other		
Category 12 - Miscellaneous (monthly)	***Amount***	***$ -***
Toiletries / Cosmetics		
Beauty / Barber		
Laundry / Cleaning		
Allowances		
Subscriptions		
Gifts (including Christmas)		
Cash		
Other		
Category 13 - Investments (monthly)	***Amount***	***$ -***
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College Funds		
Stocks, Bonds, Mutual Funds		
Real Estate		
Other		
Category 14 - School/Child Care (monthly)	***Amount***	***$ -***
School Tuition		
School Books, Supplies, Materials, etc		
Transportation		
Day Care		
Tutoring, Lessons for Music, Dance, etc		
Other		

Total Living Expenses

INCOME vs. LIVING EXPENSES

Net Spendable Income
Less Total Living Expenses
Surplus or Deficit

$ -

$	-
$	-
$	-
$	-