



Current Expense Spreadsheet

Name: _____

Year: _____

	Monthly	Annual
Main Mortgage Payment	\$	\$
Include real estate taxes? (Yes/No)		
Include property insurance? (Yes/No)		
Second Mortgage/Equity line of credit payment	\$	\$
Electricity	\$	\$
Heating Fuel	\$	\$
Water/Sewer	\$	\$
Telephone/Long distance	\$	\$
Cell Phone	\$	\$
Cable/Satellite	\$	\$
Internet Access	\$	\$
Garbage Pickup	\$	\$
Home Improvements	\$	\$
Home Owner's Association Dues	\$	\$
Food & Groceries (food, detergent, trash bags, toiletries, paper products, toothpaste)	\$	\$
Food (Dining out/restaurants)	\$	\$
Food (School Lunches)	\$	\$
Clothing expenses	\$	\$
Laundry/Dry Cleaning	\$	\$
Medical expenses not covered by insurance (including co-payments and prescription)	\$	\$
Dental expenses not covered by insurance	\$	\$
Vehicle expenses (gas, oil changes, maintenance, do not include vehicle payments or auto insurance)	\$	\$
Public Transportation expense (taxi, subway, etc)	\$	\$
Health club or gym payments	\$	\$
Entertainment (movies, "going out", etc.)	\$	\$
Alcohol/Tobacco	\$	\$
Newspapers/Magazines	\$	\$
Gifts	\$	\$

Vacation		
Charitable contributions (including offerings)	\$	\$
Children's activities (tutors, lessons, etc)	\$	\$
Education for children under 18	\$	\$
Education for physically/mentally challenged child	\$	\$
Childcare	\$	\$
Care for elderly, chronically ill or disabled family	\$	\$
Education Loan	\$	\$
Insurance:		
Autoinsurance	\$	\$
Life Insurance	\$	\$
Homeowner's/Renter's Insurance (if not included in mortgage)	\$	\$
Health Insurance	\$	\$
Disability Insurance	\$	\$
Other Insurance (specify)	\$	\$
Alimony or spousal support (if not deducted from paycheck)	\$	\$
Child support (if not deducted from	\$	\$
Court ordered collections (if not deducted)	\$	\$
Installment payments:		
Vehicle 1	\$	\$
Vehicle 2	\$	\$
Other vehicles	\$	\$
Other installment payments	\$	\$
Taxes:		
Personal Property Tax (Automobile)	\$	\$
Real Estate Property Tax	\$	\$
Income Tax	\$	\$
Other Taxes	\$	\$
Other Expenses (specify):		
_____	\$	\$
_____	\$	\$
_____	\$	\$
TOTAL EXPENSES	\$	\$