

# ZERO BASED BUDGET

*Income minus Outgo must equal ZERO*

## EARNINGS/INCOME PER MONTH

Salary #1 (net take-home) \_\_\_\_\_  
 Salary #2 (net take-home) \_\_\_\_\_  
 Other (less taxes) \_\_\_\_\_  
**TOTAL MONTHLY INCOME:**

## GIVING

Church \_\_\_\_\_  
 Other Contrib. \_\_\_\_\_  
**TOTAL GIVING**

## SAVINGS

**TOTAL SAVINGS**

## DEBT

**CREDIT CARDS**  
 Visa \_\_\_\_\_  
 Master Card \_\_\_\_\_  
 Discover \_\_\_\_\_  
 Am. Express \_\_\_\_\_  
 Gas Cards \_\_\_\_\_  
 Dept. Stores \_\_\_\_\_  
**EDUCATION LOANS** \_\_\_\_\_  
**OTHER LOANS:**  
 Bank Loans \_\_\_\_\_  
 Credit Union \_\_\_\_\_  
 Family/Friends \_\_\_\_\_  
 Other \_\_\_\_\_  
**TOTAL DEBT**

## HOUSING

**MORTGAGE/TAXES/RENT** \_\_\_\_\_  
**MAINTENANCE/REPAIRS** \_\_\_\_\_  
**UTILITIES:**  
 Electric \_\_\_\_\_  
 Gas \_\_\_\_\_  
 Water \_\_\_\_\_  
 Trash \_\_\_\_\_  
 Telephone/Internet \_\_\_\_\_  
 Cable TV \_\_\_\_\_  
**OTHER** \_\_\_\_\_  
**TOTAL HOUSING**

## AUTO/TRANSPORTATION

**CAR PAYMTS./LICENSE** \_\_\_\_\_  
**GAS/BUS/TRAIN/PKING.** \_\_\_\_\_  
**OIL/LUBE/MAINT.** \_\_\_\_\_  
**TOTAL AUTO**

## INSURANCE (paid by you)

**AUTO** \_\_\_\_\_  
**HOMEOWNERS** \_\_\_\_\_  
**LIFE** \_\_\_\_\_  
**MEDICAL/DENTAL** \_\_\_\_\_  
**OTHER:** \_\_\_\_\_  
**TOTAL INSURANCE**

## HOUSEHOLD/PERSONAL

**GROCERIES** \_\_\_\_\_  
**CLOTHES/DRYCLEANING** \_\_\_\_\_  
**GIFTS** \_\_\_\_\_  
**HOUSEHOLD ITEMS** \_\_\_\_\_  
**PERSONAL**  
 Liquor/Tobacco \_\_\_\_\_  
 Cosmetics \_\_\_\_\_  
 Barber/Beauty \_\_\_\_\_  
**OTHER**  
 Books/Magazines \_\_\_\_\_  
 Allowances \_\_\_\_\_  
 Personal Technology \_\_\_\_\_  
 Education \_\_\_\_\_  
 Miscellaneous \_\_\_\_\_  
**BLOW MONEY** \_\_\_\_\_  
**TOTAL HOUSEHOLD**

## ENTERTAINMENT

**GOING OUT:**  
 Meals \_\_\_\_\_  
 Movies/Events \_\_\_\_\_  
 Babysitting \_\_\_\_\_  
**TRAVEL (VAC./TRIPS)** \_\_\_\_\_  
**OTHER:**  
 Fitness/Sports \_\_\_\_\_  
 Hobbies \_\_\_\_\_  
 Media Rental \_\_\_\_\_  
 Other \_\_\_\_\_  
**TOTAL ENTERTAINMENT**

## PROFESSIONAL SERVICES

**CHILD CARE** \_\_\_\_\_  
**MED./DENTAL/PRESCRIP.** \_\_\_\_\_  
**OTHER:**  
 Legal \_\_\_\_\_  
 Counseling \_\_\_\_\_  
 Union/Prof. Dues \_\_\_\_\_  
 Other \_\_\_\_\_  
**TOTAL PROFESSIONAL**

## MISC. SMALL CASH EXPENSES

## TOTAL EXPENSES

<b>TOTAL MONTHLY INCOME</b>	\$ _____
<b>TOTAL MONTHLY OUTGO</b>	\$ _____
<b>INCOME OVER/(UNDER) OUTGO</b>	\$ _____