



Spending Plan

Name: _____

Date: _____

FIXED EXPENSES	MONTHLY	ANNUALLY
Primary Resident Mortgage/Rent	_____	_____
Secondary Residence Mortgage/Rent	_____	_____
Vacation Home Mortgage/Rent	_____	_____
Home Owners Association Dues	_____	_____
Real Estate Taxes (if paid separately)	_____	_____
Homeowner's Insurance (if paid separately)	_____	_____
Electricity/Utilities/Water	_____	_____
Car Payments	_____	_____
Auto Insurance Premium	_____	_____
Gas/fuel	_____	_____
Life Insurance Premium	_____	_____
College tuition/loan payments	_____	_____
Additional insurances (disability, cancer, etc.)	_____	_____
Television	_____	_____
Home telephone	_____	_____
Cellular telephone	_____	_____
Internet Service	_____	_____
Magazine Subscriptions	_____	_____
Movie Subscriptions (Netflix, Blockbuster, etc.)	_____	_____
Child Care	_____	_____
Alimony/Child Support	_____	_____
Other	_____	_____





VARIABLE EXPENSES	MONTHLY	ANNUALLY
Home repair/improvements	_____	_____
Lawn care (mowing, landscaping)	_____	_____
Medical expenses	_____	_____
Auto maintenance	_____	_____
Vehicle taxes	_____	_____
Dry cleaning	_____	_____
Groceries	_____	_____
Dining out	_____	_____
Clothing and personal shopping	_____	_____
Entertainment	_____	_____
Hobbies	_____	_____
Pet care	_____	_____
Personal care (grooming)	_____	_____
Personal gifts	_____	_____
Charitable gifts	_____	_____
Tithing	_____	_____
Vacation and travel	_____	_____
Estimated tax payments	_____	_____
Memberships	_____	_____
Medications	_____	_____
Other	_____	_____
Other	_____	_____



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