

NAME(S) \_\_\_\_\_

DATE from \_\_\_\_\_ to \_\_\_\_\_

## INCOME AND EXPENSE STATEMENT

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

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