

Money Management 101

Worksheets



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Net Worth Worksheet

	Amount	Total
Assets		
Cash on Hand (Cash, Checking)		
Money Market Funds		
CD/Savings		
Securities (Stock, Bonds, Mutual funds)		
Life Insurance cash value		
Home (Market Value)		
Land (Market Value)		
Business (Market Value)		
Recreational Vehicles (Boats, Campers etc)		
Automobile (Market Value)		
Furniture & Personal Property		
Coins and Collections		
IRA, Keogh, 401k, 403b		
Pension & Profit Sharing		
Other		
Total Assets:		(Total)
Liabilities		
Credit Cards		
Auto Loan		
Personal Loan		
Recreation Loan (Boat, RV etc)		
Bank Loan		
Home Mortgage		
Land Mortgage		
Life Insurance Loan		
Stereo/TV Loans		
Furniture Loans		
Other		

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	Amount	Total
Total Liabilities		(Minus) _____
Total Net-worth		(Equals) _____

Money Tracking Worksheet

	Monthly Payments	Amount Other than Monthly	Total Annual Amount
Housing			
Mortgage/Rent			
Insurance			
Property Taxes			
Electricity			
Heating			
Water			
Telephone			
Cleaning			
Maintenance/repair			
Improvements			
Furnishings			
Supplies			
Other			
Food			
Clothing			
Parents			
Children			
Uniforms			
Transportation			
Insurance			
Gas & Oil			
Repair & Maintenance			
Parking			
Mass Transit			
Other			
Entertainment			
Dining Out			
Babysitting			
Magazines/newspaper			
Cable			
Vacation			
Club/Activities			
Hobbies			
Other			
Medical			
Insurance			
Doctors			
Dentist			
Drugs			
Other			

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	Monthly Payments	Amount Other than Monthly	Total Annual Amount
Insurance			
Life			
Disability			
Long Term Care			
Other			
Children			
School Lunches			
Allowance			
Education/Tuition			
Lessons			
After-school activities			
Summer Activities/Camps			
Child Support			
Other			
Gifts			
Christmas			
Birthday			
Anniversaries			
Baby/wedding			
Other			
Miscellaneous			
Personal Care			
Dry Cleaning			
Animal Care			
Beauty/Barber			
Other			
Totals			

Budget Formula

	Income	\$ _____	Box D
less	Giving	(_____)	Box E
less	Taxes	(_____)	(Federal, State, Local, FICA, Disability)Box F
less	Debt Repayment	(_____)	Box G
less	Savings	(_____)	(Short Term, Long Term, Emergency Fund) Box H
Equals	BALANCE	\$\$\$ _____	(Money left to spend) Box A

Money left to spend CATEGORIES

- Housing – 30% (Mortgage, Rent, utilities, property taxes, maintenance)
- Food – 15%
- Transportation – 15% (Car Payments, Gas, License, DMV, Maintenance, Insurance, Bus & Cab fare)
- Insurance – 5% (Life, Medical, Disability, Other)
- Entertainment/ Recreation – 10% (eating out, toys, baby-sitting, movies, vacations, etc)
- Clothes – 5%
- Medical – 5% (doctor, dentist, vision, Rx, other)
- Miscellaneous – 15% (Childcare, toiletries, beauty care, laundry, lunches, subscriptions, gifts, cash,)

Budget Worksheet

	Amount	Category Totals
Income		
Salary (gross)		
Salary (gross)		
Pension (gross)		
Other		
Other		
Other		
Other		
(Box D) Total Income		
Giving		
Tithe		
Other		
Other		
Other		
(Box E) Less Total Giving		
Taxes		
Federal		
State		
Local		
Disability		
Social Security		
Other		
Other		
Other		
(Box F) Less Total Taxes		
Debt Repayment (copy from Debt repayment worksheet)		
Credit Card		
Auto Loan		
Personal Loan		
Student Loan		
Recreation Loan		
Bank Loan		
Medical Bills		
Other		
Other		
Other		
Debt Repayment Additional \$		
(Box G) Less Total Debt Repayment		
Savings Goals (Copy from savings goals worksheet)		
Retirement		
College		
Emergency Fund		
House Down Payment		

	Amount	Category Totals
Car		
Christmas		
Housing Improvements		
Other		
Other		
Other		
Less Total Savings Goals		(Box H)
Equals = Balance left for Spending Plan		(Box A)
Spending Plan		
Housing (30%)		
Mortgage/Rent		
Utilities		
Property Taxes		
Maintenance		
Improvements/Remodeling		
Furnishings		
Other		
Other		
Other		
		Total Housing
Food (15%)		Total Food
Transportation (15%)		
Gas		
License		
DMV		
Maintenance		
Insurance		
Bus/Cab Fare		
Parking		
Other		
Other		
		Total Transportation
Insurance (5%)		
Life		
Medical		

	Amount	Category Totals
Dental		
Renters		
Other		
Other		
Total Insurance		
Entertainment (10%)		
Eating out		
Totys		
Babysitting		
Movies/videos		
Vacation		
Hobbies		
Clubs/Activities		
Cable		
Other		
Other		
Other		
Other		
Other		
Other		
Other		
Total Entertainment		
Clothes (5%)	Total Clothes	
Medical (5%)		
Doctor		
Dentist		
Vision		
Medication		
Other		
Other		
Total Medical		
Miscellaneous (15%)		
Childcare		
Personal care		
Beauty/Barber care		
Laundry		
Lunches		
Subscriptions		
Gifts		
Cash		
Animal Care		

Money Management 101 – Worksheets

	Amount	Category Totals
Education/tuition		
After school Activities		
Summer Activities/Camp		
Child Support		
Allowance		
Lessons		
Other		
Other		
Total Miscellaneous		
Total All Spending Plan Categories (Box B)		x
Total Balance left to spend (Box A)		
(Less) Total all spending plan categories (Box B)		
Equals Negative/Positive Cash Flow Total		

