

# Where Does Your Money *Really* Go?

**First, determine your monthly income.** Add together your post-tax employment income (e.g., wages, salary, tips, etc.), any additional income you make from rental properties or trust accounts, dividends from investment or savings accounts, as well as alimony or child support.

Write your total monthly income here: \$\_\_\_\_\_

## **Next, determine what you spend monthly in the following eight categories.**

Ignore the goal column until you've tallied your actual spending and net cash flow at the end of this worksheet. Then, in each category, next to the actual amount spent, write a "goal" amount that reflects any projected cutbacks (say, \$28 on scrapbooking supplies instead of \$56) to guide you next month.

### **Housing**

	Actual	Goal
Mortgage payment or rent on primary residence	\$_____	\$_____
Mortgage payment on rental or income property	\$_____	\$_____
Utilities	\$_____	\$_____
Homeowner's or renter's insurance	\$_____	\$_____
Repairs or home maintenance	\$_____	\$_____
Cleaning service	\$_____	\$_____
Television cable	\$_____	\$_____
Telephone	\$_____	\$_____
Landscaping and pool service	\$_____	\$_____
Monthly Internet service	\$_____	\$_____
Condo or association dues	\$_____	\$_____
Other housing expenses	\$_____	\$_____
<b>TOTAL HOUSING</b>	\$_____	\$_____

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### **Transportation/Auto**

Car payment	\$_____	\$_____
Gas	\$_____	\$_____
Car insurance	\$_____	\$_____
Repairs or service	\$_____	\$_____
Parking	\$_____	\$_____
Public transportation	\$_____	\$_____
Bridge tolls	\$_____	\$_____
Other transportation expenses	\$_____	\$_____
<b>TOTAL AUTO</b>	\$_____	\$_____

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### **Insurance**

Life insurance	\$_____	\$_____
Disability insurance	\$_____	\$_____
Long-term-care insurance	\$_____	\$_____

Other insurance expenses	\$ _____	\$ _____
<b>TOTAL INSURANCE</b>	<b>\$ _____</b>	<b>\$ _____</b>

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**Food**

Groceries	\$ _____	\$ _____
Restaurant meals	\$ _____	\$ _____
Other food expenses	\$ _____	\$ _____
<b>TOTAL FOOD</b>	<b>\$ _____</b>	<b>\$ _____</b>

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**Personal Care**

Clothing and accessories	\$ _____	\$ _____
Laundering/dry cleaning	\$ _____	\$ _____
Cosmetics	\$ _____	\$ _____
Health and fitness (club dues, personal trainer, equipment, etc.)	\$ _____	\$ _____
Entertainment	\$ _____	\$ _____
Association or club memberships/dues	\$ _____	\$ _____
Vacations	\$ _____	\$ _____
Hobbies	\$ _____	\$ _____
Education	\$ _____	\$ _____
Magazines	\$ _____	\$ _____
Gifts	\$ _____	\$ _____
Other personal-care expenses	\$ _____	\$ _____
<b>TOTAL PERSONAL CARE</b>	<b>\$ _____</b>	<b>\$ _____</b>

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**Medical**

Health-care insurance	\$ _____	\$ _____
Dental insurance	\$ _____	\$ _____
Prescription and monthly medicines	\$ _____	\$ _____
Office visit payments and/or co-payments	\$ _____	\$ _____
Other medical expenses	\$ _____	\$ _____
<b>TOTAL MEDICAL</b>	<b>\$ _____</b>	<b>\$ _____</b>

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**Children**

Child support	\$ _____	\$ _____
Child care	\$ _____	\$ _____
School tuition	\$ _____	\$ _____
School activities (sports, drama, art, band, etc.)	\$ _____	\$ _____
Clothing	\$ _____	\$ _____
College funding	\$ _____	\$ _____
Other children expenses	\$ _____	\$ _____
<b>TOTAL CHILDREN</b>	<b>\$ _____</b>	<b>\$ _____</b>

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**Miscellaneous**

Credit-card payments	\$ _____	\$ _____
Loan payments	\$ _____	\$ _____

Any other expenses you can think of!	\$ _____	\$ _____
TOTAL MISCELLANEOUS	\$ _____	\$ _____
TOTAL MONTHLY EXPENSES	\$ _____	\$ _____

**Murphy's Law Factor**

Take the total expenses and increase by 10 percent (because, you know, whatever can happen will happen)

	\$ _____	\$ _____
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**NET CASH FLOW (AVAILABLE TO DEPOSIT IN SAVINGS)**

Subtract the total monthly expenses (after Murphy's Law) from the total monthly income at the top of the worksheet.

	\$ _____	\$ _____
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