

Debt Free Life® Spending Planner

Spendable Monthly Income

	Past	Current
Gross Monthly Income	_____	_____
Less Taxes - FICA	_____	_____
Medicare	_____	_____
Federal Income Tax	_____	_____
State Income Tax	_____	_____
Other Tax	_____	_____
Total Spendable Income	_____	_____

Expenses

Write down all of your expenses and outgoing cash flow. Try to be as accurate as possible.

CATEGORY	LAST 12 MO. (Total)	LAST 12 MO. (Avg Per Mo.)	NEXT 12 MO. (Avg Per Mo.)	FIXED EXPENSES	VARIABLE EXPENSES	NEW MONTHLY (Your \$)	SPENDING PLAN (Spouse \$)
Auto - Gas/Repair							
Charitable Giving							
Cleaning/Laundry							
Clothing							
Debt Payment(s)							
Dining Out							
Events/Activities							
Gifts							
Groceries							
Home Maintenance							
Insurance							
Medical/Dental							
Misc. Expenses							
Property Tax - Car/Home							
Recreation/Entertainment							
Savings							
Utilities							
Vacation/Trips							
TOTAL							

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