

Planning Analysis

Monthly Income (Net Take-Home Pay)



Instructions: Please fill out form with pencil. Do not fill in shaded areas.
If amounts are weekly, multiply by 4.3; if bi-monthly by 2.15

	Amount	Overtime	2nd Job	Pension	Other	TOTAL
a. Self Salary						
b. Spouse Salary						
cf. Other						
Total Monthly Income						



Instructions: Please fill out form with pencil. Do not fill in shaded areas.
If amounts are weekly, multiply by 4.3; if bi-monthly by 2.15

a. Giving	Tithes	Offerings	Other			
b. Housing	Mortgage	Rent	Property Tax	Insurance	Repr/Maint	
c. Utilities	Gas/Electric	Water/Garbage	Phone	Alarm	Cable	
d. Food	Groceries	Eating Out	Lunch:School	Lunch:Work	Other	
e. Car	Gas	License/Inspect	Insurance	Maintenance	Payment	
f. Insurance	Life	Medical	Dental	Other		
g. Clothing	Self	Spouse	Children			
h. Savings/Investments	Savings	Mutual Fund	IRA	Annuities	401k	
i. Medical/Dental	Doctor	Dentist	Prescription	Eye	Vitamins	
j. School/Child Care	Tuition	Child Care	Lessons	Member Dues		
k. Miscellaneous	Child Support	Alimony	Pets	Newspaper	Computer Fee	
l. Gifts	Christmas	Birthday	Baby/Wedding	Anniversary	Other Gifts	
m. Personal Care	Cosmetics	Toiletries	Haircuts	Laundry/Clean	Other	
n. Entertainment	Movies	Baby Sitting	Activities	Vacation	Other	
o. Other						

TOTAL EXPENSES

AVAILABLE FOR DEBT PAYOFF

Assets & Liabilities

Item	Value	Amount Owed	
Home			
Vehicles			
R/V's, Boats, Etc			
Other real estate			
Savings, Stocks & Bonds			
Other			
Total			