BASIC Zero-Based BUDGET

INCOME

Paycheck #1	$_____
Paycheck #2	$_____
Paycheck #3	$_____
Paycheck #4	$_____
Other Income	$_____
Other Income	$_____
TOTAL INCOME	$_____

MONTH: _____

OFF THE TOP

Tithe 10%	$_____
Savings 10%	$_____
TOTAL	$_____

CASH ENVELOPES

Food	$_____
Household	$_____
Gasoline	$_____
Pet Supplies	$_____
Hair Care	$_____
Blow Money	$_____
Commissions	$_____
_____	$_____
_____	$_____
TOTAL	$_____

MONTHLY EXPENSES

	Budgeted	Actual
Mortgage	$_____	$_____
Car Payment	$_____	$_____
Car Insurance	$_____	$_____
Life Insurance	$_____	$_____
Health Ins.	$_____	$_____
Cable/Satellite	$_____	$_____
Phones	$_____	$_____
Internet	$_____	$_____
Water/Sewer	$_____	$_____
Trash	$_____	$_____
Electric	$_____	$_____
Student Loan	$_____	$_____
Car Maint.	$_____	$_____
Debt 1	$_____	$_____
Debt 2	$_____	$_____
Debt 3	$_____	$_____
Debt 4	$_____	$_____
_____	$_____	$_____
_____	$_____	$_____
_____	$_____	$_____
TOTAL	$_____	$_____

OFF THE TOP TOTAL	$_____
CASH ENVELOPES TOTAL	$_____
EXPENSES TOTAL	$_____
OVERALL TOTAL	**$_____**

TOTAL INCOME	$_____
OVERALL TOTAL -	$_____
	_____
EQUALS	$ 0.00

NOTE: Your total expenses should = total income. If