


# Budgeting worksheet

**This worksheet will help give you a clear understanding of your expenses—** and could help you find a little more money to put away in your workplace savings plan. Fill out the worksheet, indicating your essential expenses (things you need to have) and your discretionary expenses (things you would like to have) and your sources of income.

Monthly spending (50% or less of your take-home pay)		
	Essential (need to have)	Discretionary (nice to have)
<b>Housing</b>		
Mortgage	\$ _____	or \$ _____
Rent/condo fees	\$ _____	or \$ _____
Property tax	\$ _____	or \$ _____
Homeowner's insurance	\$ _____	or \$ _____
Utilities		
Electric	\$ _____	or \$ _____
Water/sewer	\$ _____	or \$ _____
Oil/gas	\$ _____	or \$ _____
Telephone/cable/Internet fees	\$ _____	or \$ _____
Other	\$ _____	or \$ _____
<b>Subtotal—housing</b>	<b>\$ _____</b>	<b>or \$ _____</b>
<b>Personal</b>		
Groceries	\$ _____	or \$ _____
Personal care (health and beauty aids)	\$ _____	or \$ _____
Clothing	\$ _____	or \$ _____
Laundry/dry cleaning	\$ _____	or \$ _____
Other	\$ _____	or \$ _____
<b>Subtotal—personal</b>	<b>\$ _____</b>	<b>or \$ _____</b>

**Fidelity suggests:**  
Consider at least the shaded portions on this list, which represent some of the most common essential expenses.

 **To help you complete this section,** you may want to review your checkbook ledger and credit card statements to get expense estimates.

**Monthly spending (50% or less of your take-home pay)**

	Essential (need to have)		Discretionary (nice to have)
<b>Health care and insurance</b>			
Health insurance premiums		or	
Medicare Part B premiums	\$ _____	or	\$ _____
Medicare Supplemental/ Medigap Premium	\$ _____	or	\$ _____
Prescriptions	\$ _____	or	\$ _____
Dental and vision care	\$ _____	or	\$ _____
Other (co-payments, deductibles, etc.)	\$ _____	or	\$ _____
<b>Insurance</b>			
Long term care insurance premiums	\$ _____	or	\$ _____
Life insurance premiums	\$ _____	or	\$ _____
Disability insurance	\$ _____	or	\$ _____
<b>Subtotal—health care and insurance</b>	<b>\$ _____</b>	<b>or</b>	<b>\$ _____</b>
<b>Routine transportation</b>			
Auto loan or lease payment	\$ _____	or	\$ _____
Auto insurance	\$ _____	or	\$ _____
Excise tax/registration fees	\$ _____	or	\$ _____
Routine maintenance	\$ _____	or	\$ _____
Gasoline	\$ _____	or	\$ _____
Other	\$ _____	or	\$ _____
<b>Subtotal—routine transportation</b>	<b>\$ _____</b>	<b>or</b>	<b>\$ _____</b>

**Savings goals (20% of your take-home pay)**

	Essential (need to have)		Discretionary (nice to have)
Retirement savings contributions	\$ _____	or	\$ _____
General savings contributions	\$ _____	or	\$ _____
College savings contributions	\$ _____	or	\$ _____
Support for parent(s)	\$ _____	or	\$ _____
Support for children/grandchildren (including day care)	\$ _____	or	\$ _____
Household improvement and maintenance	\$ _____	or	\$ _____
Other	\$ _____	or	\$ _____
<b>Subtotal—savings goals</b>	<b>\$ _____</b>	<b>or</b>	<b>\$ _____</b>

Other wants and goals (30% of your take-home pay)			
	Essential (need to have)		Discretionary (nice to have)
<b>Gifts</b>			
Family	\$ _____	or	\$ _____
Charitable donations	\$ _____	or	\$ _____
Other	\$ _____	or	\$ _____
<b>Subtotal—gifts</b>	<b>\$ _____</b>	<b>or</b>	<b>\$ _____</b>
<b>Recreation</b>			
Travel and vacations	\$ _____	or	\$ _____
Club memberships	\$ _____	or	\$ _____
Hobbies	\$ _____	or	\$ _____
Other	\$ _____	or	\$ _____
<b>Subtotal—recreation</b>	<b>\$ _____</b>	<b>or</b>	<b>\$ _____</b>
<b>Entertainment</b>			
Movies/theater/sports events	\$ _____	or	\$ _____
Dining out	\$ _____	or	\$ _____
Other	\$ _____	or	\$ _____
<b>Subtotal—entertainment</b>	<b>\$ _____</b>	<b>or</b>	<b>\$ _____</b>
	<b>\$ _____</b>	<b>+</b>	<b>\$ _____ = \$ _____</b>
	Total essential expenses		Total discretionary expenses      Total monthly expenses

Monthly income			
Salary	\$ _____		
Other	\$ _____		
	<b>\$ _____</b>	<b>-</b>	<b>\$ _____ = \$ _____</b>
	Total monthly income		Total monthly expenses      Total available to save monthly

Your net worth	
What you own (assets)	Amount
<b>Quick assets—immediate access to cash</b>	
Cash in checking, ready savings, and money market mutual funds	\$ _____
Stocks, bonds, government securities, unit trusts, and mutual funds	\$ _____
Other easily salable investments	\$ _____
Money owed you for work you've done	\$ _____
Life insurance cash values	\$ _____
Personal property: precious metals, jewelry, silver, cars, etc.	\$ _____

Your net worth	
What you own (assets)	Amount
<b>Restricted assets—restricted access to cash</b>	
Certificates of deposit, if they have early withdrawal penalties	\$ _____
Retirement accounts: IRAs, 401(k)s and other workplace savings plans, tax-deferred annuities, company thrift accounts, and deferred compensation	\$ _____
Current value of your vested pension, lump-sum, and executive stock options	\$ _____
<b>Slow assets—longer-term access to cash</b>	
Your home and other real estate	\$ _____
Other valuable personal property: art, antiques, furs, boats, tools, stamps, coins, etc.	\$ _____
Restricted stock and limited partnerships, not readily salable	\$ _____
Money owed you in the future	\$ _____
Equity value of a business	\$ _____
<b>Total assets</b>	<b>\$ _____</b>

Your net worth		
What you owe (liabilities)	Amount	Interest rate
Current bills outstanding: this month's rent/mortgage payment, utilities, medical bills, insurance premiums, etc.	\$ _____	_____ %
Credit card debt	\$ _____	_____ %
Installment and auto loans	\$ _____	_____ %
Life insurance loans (if you're paying them off currently)	\$ _____	_____ %
Home mortgage	\$ _____	_____ %
Home equity loan	\$ _____	_____ %
Other mortgages	\$ _____	_____ %
Student loans	\$ _____	_____ %
Loans against investments, including your margin loans	\$ _____	_____ %
Other loans	\$ _____	_____ %
Income and real estate taxes due	\$ _____	_____ %
Taxes due on your investments, if you cash them in	\$ _____	_____ %
Taxes and penalties due on your retirement accounts, if you cash them in	\$ _____	_____ %
<b>Total liabilities</b>	<b>\$ _____</b>	
<b>Net worth (assets minus liabilities)</b>		
Total assets (from previous page)		\$ _____
Total liabilities		- \$ _____
<b>Net worth</b>		<b>\$ _____</b>