



Nationwide[®]
is on your side

My spending plan

Want to know where it's all going?

Creating a spending plan can be a lot like going on a treasure hunt. Sure, you need your money to do a lot of things each month, but if you dig around, you're sure to find some extra dimes and dollars.

Good luck!

ESTIMATED TIME

60 minutes

WHAT YOU'LL NEED

Bills, receipts, bank statements, payment books and other things that will help you chart where you spend money

My spending plan

Name: _____

Date: _____

HOUSING

	Monthly costs	Yearly costs
Mortgage/Rent	\$ <input type="text"/>	\$ <input type="text"/>
Real estate taxes	\$ <input type="text"/>	\$ <input type="text"/>
Homeowners/Renters insurance	\$ <input type="text"/>	\$ <input type="text"/>
Gas	\$ <input type="text"/>	\$ <input type="text"/>
Electric	\$ <input type="text"/>	\$ <input type="text"/>
Water/Sewer	\$ <input type="text"/>	\$ <input type="text"/>
Phone/Cell/Internet	\$ <input type="text"/>	\$ <input type="text"/>
Cable/Satellite	\$ <input type="text"/>	\$ <input type="text"/>
Trash collection	\$ <input type="text"/>	\$ <input type="text"/>
Home repair/maintenance	\$ <input type="text"/>	\$ <input type="text"/>
Total	\$ <input type="text"/>	\$ <input type="text"/>

TRANSPORTATION

	Monthly costs	Yearly costs
Car loan/Lease payment	\$ <input type="text"/>	\$ <input type="text"/>
Gasoline	\$ <input type="text"/>	\$ <input type="text"/>
License plates	\$ <input type="text"/>	\$ <input type="text"/>
Repairs/maintenance	\$ <input type="text"/>	\$ <input type="text"/>
Other transportation (bus/train/taxi)	\$ <input type="text"/>	\$ <input type="text"/>
Total	\$ <input type="text"/>	\$ <input type="text"/>

FOOD

	Monthly costs	Yearly costs
Groceries	\$ <input type="text"/>	\$ <input type="text"/>
Eating out	\$ <input type="text"/>	\$ <input type="text"/>
Work lunches	\$ <input type="text"/>	\$ <input type="text"/>
School lunches	\$ <input type="text"/>	\$ <input type="text"/>
Total	\$ <input type="text"/>	\$ <input type="text"/>

CLOTHING

	Monthly costs	Yearly costs
Family member 1	\$ <input type="text"/>	\$ <input type="text"/>
Family member 2	\$ <input type="text"/>	\$ <input type="text"/>
Family member 3	\$ <input type="text"/>	\$ <input type="text"/>
Family member 4	\$ <input type="text"/>	\$ <input type="text"/>
Total	\$ <input type="text"/>	\$ <input type="text"/>

ENTERTAINMENT

	Monthly costs	Yearly costs
Movies/sporting events	\$ <input type="text"/>	\$ <input type="text"/>
Greens fees/pool membership, etc.	\$ <input type="text"/>	\$ <input type="text"/>
Other	\$ <input type="text"/>	\$ <input type="text"/>
Total	\$ <input type="text"/>	\$ <input type="text"/>

CHARITABLE CONTRIBUTIONS

	Monthly costs	Yearly costs
Community organizations	\$ <input type="text"/>	\$ <input type="text"/>
Religious organizations	\$ <input type="text"/>	\$ <input type="text"/>
Payroll deductions for charity	\$ <input type="text"/>	\$ <input type="text"/>
Other	\$ <input type="text"/>	\$ <input type="text"/>
Total	\$ <input type="text"/>	\$ <input type="text"/>

CHILDREN'S ACTIVITIES

	Monthly costs	Yearly costs
Day care/camp	\$ <input type="text"/>	\$ <input type="text"/>
School activities fees	\$ <input type="text"/>	\$ <input type="text"/>
Music lessons	\$ <input type="text"/>	\$ <input type="text"/>
Sports	\$ <input type="text"/>	\$ <input type="text"/>
Allowance	\$ <input type="text"/>	\$ <input type="text"/>
Total	\$ <input type="text"/>	\$ <input type="text"/>

MEDICAL/DENTAL

	Monthly costs	Yearly costs
Premiums	\$ <input type="text"/>	\$ <input type="text"/>
Co-pays	\$ <input type="text"/>	\$ <input type="text"/>
Prescriptions	\$ <input type="text"/>	\$ <input type="text"/>
Vitamins/treatments	\$ <input type="text"/>	\$ <input type="text"/>
Total	\$ <input type="text"/>	\$ <input type="text"/>

INSURANCE PREMIUMS

	Monthly costs	Yearly costs
Auto	\$ <input type="text"/>	\$ <input type="text"/>
Home	\$ <input type="text"/>	\$ <input type="text"/>
Life	\$ <input type="text"/>	\$ <input type="text"/>
Disability/Long-Term Care	\$ <input type="text"/>	\$ <input type="text"/>
Total	\$ <input type="text"/>	\$ <input type="text"/>

PERSONAL

	Monthly costs	Yearly costs
Haircuts/manicures, etc.	\$ <input type="text"/>	\$ <input type="text"/>
Dry cleaning/laundry	\$ <input type="text"/>	\$ <input type="text"/>
Gifts	\$ <input type="text"/>	\$ <input type="text"/>
Subscriptions	\$ <input type="text"/>	\$ <input type="text"/>
Gym memberships	\$ <input type="text"/>	\$ <input type="text"/>
Total	\$ <input type="text"/>	\$ <input type="text"/>

SAVINGS

	Monthly costs	Yearly costs
401(k)	\$ <input type="text"/>	\$ <input type="text"/>
IRA	\$ <input type="text"/>	\$ <input type="text"/>
Emergency savings account	\$ <input type="text"/>	\$ <input type="text"/>
Other	\$ <input type="text"/>	\$ <input type="text"/>
Total	\$ <input type="text"/>	\$ <input type="text"/>

TOTALS

	Monthly costs	Yearly costs
Housing	\$ <input type="text"/>	\$ <input type="text"/>
Transportation	\$ <input type="text"/>	\$ <input type="text"/>
Food	\$ <input type="text"/>	\$ <input type="text"/>
Clothing	\$ <input type="text"/>	\$ <input type="text"/>
Entertainment	\$ <input type="text"/>	\$ <input type="text"/>
Charitable contributions	\$ <input type="text"/>	\$ <input type="text"/>
Children's activities	\$ <input type="text"/>	\$ <input type="text"/>
Medical/dental	\$ <input type="text"/>	\$ <input type="text"/>
Insurance premiums	\$ <input type="text"/>	\$ <input type="text"/>
Personal	\$ <input type="text"/>	\$ <input type="text"/>
Savings	\$ <input type="text"/>	\$ <input type="text"/>
Debt payments	\$ <input type="text"/>	\$ <input type="text"/>
Other	\$ <input type="text"/>	\$ <input type="text"/>
Total	\$ <input type="text"/>	\$ <input type="text"/>

Want to see where your money is going?

Fill in a box for each \$100 you spend monthly in each category. Try using a highlighter to fill in the budgeted monthly costs and a pen or marker to shade in the actual costs to see how you measure up.

