

# BUDGET WORKSHEET

|   |         |           |
|---|---------|-----------|
| <b>Name:</b>  |         |           |
| <b>Occupation:</b> Actor/Actress                      |         |           |
| <b>Spouse's Occupation:</b> Artist                    |         |           |
| <b>Number of Children:</b> None                       |         |           |
| <b>INCOME</b>   |         |           |
| Monthly Net   | \$3,787 |           |
| Spouse's Monthly Net                                  | \$3,237 |           |
| <b>Total</b>  |         | \$7,024   |
| Credit Score 700                                      | + or -  | New Score |
| <i>List table here</i>                                |         |           |
| <i>List table here</i>                                |         |           |
| <i>List table here</i>                                |         |           |
| <i>List table here</i>                                |         |           |
| <b>WHEEL OF REALITY</b>                               |         |           |
| Unexpected Expense                                    | -       |           |
| Unexpected Income                                     | +       |           |
| <b>Total</b>  |         |           |
| <b>Notes:</b>   |         |           |
| 1) Visit every table.                                 |         |           |
| 2) Total expenses for each section.                   |         |           |
| 3) Carry each total to back page final balance.       |         |           |
| 4) Meet with financial advisor to review your budget. |         |           |

|  |       |
|--|-------|
| <b>ADDITIONAL CASH</b>                         |       |
| Part-time Job                                  |       |
| Personal Loan (Full Amount)                    |       |
| <b>Total</b>                                   |       |
| <b>DEBTS AND LOANS</b>                         |       |
| Student Loans                                  |       |
| Credit Cards                                   | \$600 |
| Personal Loan (Monthly Amount)                 |       |
| <b>Total</b>                                   |       |
| <b>SAVINGS</b>                                 |       |
| Savings (Emergency Fund)                       |       |
| Retirement/Investments                         |       |
| (Compound Interest)                            |       |
| <b>Total</b>                                   |       |
| <b>FAMILY LIFE</b>                             |       |
| <i>(If child is under 1-year, must do 1-3)</i> |       |
| Groceries (Select 1)                           |       |
| 1. Formula or Nursing                          |       |
| 2. Diapers                                     |       |
| 3. Baby Wipes                                  |       |
| Childcare                                      |       |
| Additional Accessories                         |       |
| Pets (Optional)                                |       |
| Church (Optional)                              |       |
| Charity (Optional)                             |       |
| <b>Total</b>                                   |       |

|   |  |
|---|--|
| <b>HOME</b>   |  |
| <b>Home Option:</b>   |  |
| Payment (Principal/Interest)                                      |  |
| Taxes, Insurance & PMI*   |  |
| Rent  |  |
| Renter's Insurance  |  |
| Electricity & Heat  |  |
| Water & Trash   |  |
| Furniture   |  |
| Home Decor  |  |
| <i>(*private mortgage insurance)</i> <b>Total</b>                 |  |
| <b>DAILY LIVING</b>   |  |
| <i>(If child is under 1-year, do not include in family size.)</i> |  |
| Dining Out (Select 1)   |  |
| Incidentals (1 or More)   |  |
|   |  |
|   |  |
| Clothing (Select 1)   |  |
| Outwear (Select 1)  |  |
| Accessories (1 or More)   |  |
|   |  |
|   |  |
| Personal Care (1 or More)   |  |
|   |  |
|   |  |
| <b>Total</b>  |  |

# BUDGET WORKSHEET

| AUTOMOTIVE                        |  | COMMUNICATIONS                |   | FINAL BALANCE                               |  |
|-----------------------------------|--|-------------------------------|---|---|--|
| <b>Vehicle(s):</b>                |  | <b>Communications Option:</b> |   | <i>List totals from each category below</i> |  |
| Monthly Payment (Car 1)           |  | Cell Service                  |   | Income +                                    |  |
| Monthly Payment (Car 2)           |  | Internet                      |   | Additional Cash +                           |  |
| Car Insurance (Car 1 &/or Car 2)  |  | Cable TV                      |   | <b>Income Subtotal</b>                      |  |
| Gas                               |  | Streaming Services            |   | Savings -                                   |  |
| Other Transportation              |  | Bundle Discount               | - | Debts and Loans -                           |  |
| Repairs                           |  |                               |   | Family Life -                               |  |
| <b>Total</b>                      |  |                               |   | Home -                                      |  |
| <b>HEALTH</b>                     |  | <b>ENTERTAINMENT/HOBBIES</b>  |   | Daily Living -                              |  |
| Premium (Single or Family)        |  | 1.                            |   | Transportation -                            |  |
| Deductible (can be divided by 12) |  | 2.                            |   | Health -                                    |  |
| Coverage (can be divided by 12)   |  | 3.                            |   | Communications -                            |  |
| Co-Pay                            |  |                               |   | Entertainment/Hobbies -                     |  |
| Prescriptions                     |  |                               |   | <b>Expenses Subtotal</b>                    |  |
| Vitamins                          |  |                               |   | Wheel of Reality + or -                     |  |
| No Insurance                      |  |                               |   | <b>Total</b>                                |  |
| <b>Total</b>                      |  |                               |   | Under Budget +                              |  |
| <b>Notes:</b>                     |  |                               |   | Over Budget -                               |  |
|                                   |  |                               |   |   |  |
|                                   |  |                               |   |   |  |
|                                   |  |                               |   |   |  |
|                                   |  |                               |   |   |  |
|                                   |  |                               |   |   |  |
|                                   |  |                               |   |   |  |
|                                   |  |                               |   |   |  |
|                                   |  |                               |   |   |  |
|                                   |  |                               |   |   |  |