

MANAGING

YOUR

MONEY

WORKBOOK

AUBREY KNORR



Goals

3 – 6 Months

6 – 12 Months

2 – 5 Years

5 – 10 Years

10+ Years

My Day to Day Spending

[illegible]

My Day to Day Spending

[illegible]

My Day to Day Spending

[illegible]

My Day to Day Spending

[illegible]

My Day to Day Spending

[illegible]

My Day to Day Spending

[illegible]

My Day to Day Spending

[illegible]

	<u>Living Expenses</u>			
<input type="checkbox"/>	Mortgage/Rent		<input type="checkbox"/>	Household Products
<input type="checkbox"/>	Home Maintenance		<input type="checkbox"/>	Life Insurance
<input type="checkbox"/>	Heating Oil		<input type="checkbox"/>	Garbage Pickup
<input type="checkbox"/>	Propane		<input type="checkbox"/>	Physical Therapy
<input type="checkbox"/>	Home Owner's Insurance		<input type="checkbox"/>	
<input type="checkbox"/>	Renter's Insurance		<input type="checkbox"/>	
<input type="checkbox"/>	Medical Insurance		<input type="checkbox"/>	
<input type="checkbox"/>	Dental Insurance		<input type="checkbox"/>	
<input type="checkbox"/>	Vision Insurance		<input type="checkbox"/>	
<input type="checkbox"/>	Utilities (Water, Sewer, Electricity)		<input type="checkbox"/>	
<input type="checkbox"/>	Personal Care		<input type="checkbox"/>	
<input type="checkbox"/>	Groceries		<input type="checkbox"/>	
	<u>Vehicle Expenses</u>			
<input type="checkbox"/>	Vehicle Payment			
<input type="checkbox"/>	Fuel			
<input type="checkbox"/>	Insurance			
<input type="checkbox"/>	Registration			
<input type="checkbox"/>	Inspection			
<input type="checkbox"/>	Maintenance/Service			
	<u>Discretionary Expenses</u>			
<input type="checkbox"/>	Telephone/Cell Phone		<input type="checkbox"/>	Gifts
<input type="checkbox"/>	Internet		<input type="checkbox"/>	Pet Food/Treats
<input type="checkbox"/>	Dining Out		<input type="checkbox"/>	Other
<input type="checkbox"/>	Cable		<input type="checkbox"/>	Credit Card

<input type="checkbox"/>	Gym/Health Club Membership			
<input type="checkbox"/>	Entertainment			
<input type="checkbox"/>	Travel			
<input type="checkbox"/>	Clothing			
<input type="checkbox"/>	Charity			
	<u>Retirement/Savings Accounts</u>			
<input type="checkbox"/>	Regular Savings		<input type="checkbox"/>	Mutual Funds
<input type="checkbox"/>	Emergency Savings		<input type="checkbox"/>	Stocks/Bonds
<input type="checkbox"/>	Money Market			
<input type="checkbox"/>	Vacation Club			
<input type="checkbox"/>	Christmas Club			
<input type="checkbox"/>	Tax Account			
<input type="checkbox"/>	Certificate of Deposit (CD)			
<input type="checkbox"/>	Education			
<input type="checkbox"/>	Independent 529			
<input type="checkbox"/>	Traditional IRA			
<input type="checkbox"/>	Roth IRA			
<input type="checkbox"/>	Health Savings Account (HSA)			

ANNUAL/NON-REGULAR EXPENSES

January	February	March	April
May	June	July	August
September	October	November	December

[illegible]

Month:						
<u>Income</u>	<u>Amount</u>			<u>Discretionary Expenses</u>	<u>Amount</u>	
Total						
<u>Living Expenses</u>	<u>Amount</u>					
				Total		
				<u>Retirement/Savings Accounts</u>	<u>Amount</u>	
Total						
<u>Vehicle Expenses</u>	<u>Amount</u>					
				Total		
Total						
<u>Scheduled Payments</u>	<u>Balance</u>	<u>Payment</u>				
				Total Income		
				Total Outgoing		
				Difference		
Total						

My Balance Sheet	
Wealth-building Assets	Amount
Cash	
Savings	
Stocks/Bonds	
401(k)/ IRA	
Market Value of Home	
Other Assets	
Market Value of Car	
Total Assets	
Liabilities	Amount
Home Mortgage	
Home Equity Loan	
Car loan balance	
Credit card balances	
Student loan	
Miscellaneous liabilities	
Total Liabilities	
Net Worth	

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Aubrey Knorr