

Family Living Expenses Worksheet

Please enter either a monthly or an annual amount for anticipated family living expenses (not included in farm expenses).

Expense Item	Monthly	Annual
Fixed Payments		
House	\$ _____	\$ _____
Vehicles	\$ _____	\$ _____
Credit Cards	\$ _____	\$ _____
Utilities		
Electricity	\$ _____	\$ _____
Gas	\$ _____	\$ _____
Water	\$ _____	\$ _____
Sewage	\$ _____	\$ _____
Telephone	\$ _____	\$ _____
Insurance		
Property	\$ _____	\$ _____
Health	\$ _____	\$ _____
Life	\$ _____	\$ _____
Food		
Groceries	\$ _____	\$ _____
Restaurant	\$ _____	\$ _____
Car Expenses		
Insurance	\$ _____	\$ _____
Gas & oil	\$ _____	\$ _____
Repairs & maintenance	\$ _____	\$ _____
Tag	\$ _____	\$ _____
Personal		
Clothing	\$ _____	\$ _____
Entertainment	\$ _____	\$ _____
Savings	\$ _____	\$ _____
Investments	\$ _____	\$ _____
Contributions	\$ _____	\$ _____
Gifts	\$ _____	\$ _____
Medical	\$ _____	\$ _____
Dental	\$ _____	\$ _____
Other	\$ _____	\$ _____
Irregular Expenditures		
Holiday and other celebrations	\$ _____	\$ _____
School related expenses	\$ _____	\$ _____
Dues & memberships	\$ _____	\$ _____
Subscriptions and newspapers	\$ _____	\$ _____
Vacations and trips	\$ _____	\$ _____
Other	\$ _____	\$ _____
Capital Expenditures		
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
TOTALS	\$ _____	\$ _____