

# Annual Family Spending Planner

## Income

Source	Estimated Amount (\$)
Primary Income	
Secondary Income	
Other Income	
Total Income	

## Expenses

Category	Estimated Amount (\$)
Housing (Rent/Mortgage)	
Utilities	
Groceries	
Transportation	
Insurance	
Healthcare	
Debt Payments	
Education	
Childcare	
Entertainment & Leisure	
Clothing	
Personal Care	
Savings & Investments	
Gifts & Donations	
Miscellaneous	
Total Expenses	

## Summary

	Amount (\$)
Total Income	
Total Expenses	
Annual Balance	

## Notes