SPENDING ANALYSIS

Name _____ Date _____

Outstanding Debts, Installments, Housing, and Other

Name & Address of Creditor	Purpose	Due Date	Monthly Payment	APR	Balance Owed	Pay Off Date	Months Behind
			$	%			

Total Monthly Obligations $ _____ Percentage of Income Obligated _____ %

Total Monthly Spendable Income $ _____

Average Monthly Expenditures		**Adjusted to**
$ _____	Child Care	$ _____
$ _____	Church	$ _____
$ _____	Clothing	$ _____
$ _____	Doctor, Drugs, Dentist	$ _____
$ _____	Education	$ _____
$ _____	Food	$ _____
$ _____	Gifts	$ _____
$ _____	Insurance	$ _____
$ _____	Car	$ _____
$ _____	Health	$ _____
$ _____	Home	$ _____
$ _____	Life	$ _____
$ _____	Personal Allowances	$ _____
$ _____	Recreation	$ _____
$ _____	Savings	$ _____
$ _____	Transportation	$ _____
$ _____	Utilities	$ _____
$ _____	Cable	$ _____
$ _____	Electric	$ _____
$ _____	Gas	$ _____
$ _____	Phone	$ _____
$ _____	Water	$ _____
$ _____	Other	$ _____
$ _____		$ _____
$ _____	Total	$ _____

Gross Pay _____

Payroll Deductions

SS _____
Fed. Inc. Tax _____
State Inc. Tax _____
Bond _____
Ret. _____
Credit Union _____
_____
_____
_____
_____

Total Deductions $ _____

Spendable Inc.	$ _____
Debt Load	$ _____
Monthly Exp.	$ _____
Balance	$ _____

Mississippi State University Extension Service

Form 556

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