

This brochure contains worksheets for your Budget/Spending Plan and Financial Goals. Each of these topics is covered in the "Budgeting" seminar.

If you have questions about using these worksheets, please contact a Texa\$aver Education Counselor at (800) 634-5091 or texasaver@gwrs.com.

Financial Goals

Divide your financial goals into realistic time frames for achieving them. When developing your goals be specific, realistic and flexible.

Time Frame	Goal	Amount Needed
Short-term (up to 1 year)		\$
		\$
		\$
		\$
Intermediate-term (1-5 years)		\$
		\$
		\$
		\$
Long-term (over 5 years)		\$
		\$
		\$
		\$

Income (use gross amounts)

Source	Amount
Employment #1	
Employment #2	
Self-Employment	
Pension, IRA distributions	
Interest, dividend	
Alimony, child support	

Source	Amount
Social Security, SSDI	
Other government payments	
Other	
Other	
Other	

TOTAL INCOME _____

Monthly Expenses — Fixed

Source	Amount
Taxes: Federal	
State	
Local, property	
FICA withholding	
Medicare withholding	
Mortgage or rent	
Water/sewer	
Natural gas/oil	
Electricity	
Cable/satellite TV	
Telephone/Cell Phone/Internet	
Credit Card (1)	
Credit Card (2)	
Bank Loans	
Student Loans	
Trash removal	
Alimony, child support	
Insurance: Life	
Health	
Disability	
Auto	
Homeowner's	
Other	
Autos: Loan/lease #1	
Loan/lease #2	
Gas/oil	
Maintenance/repairs	

TOTAL EXPENSES _____

Monthly Expenses — Variable

Source	Amount
Savings, investments:	
TexaSaver 401(k) and 457	
Credit card bills	
Student loan payments	
College savings	
Other	
Groceries, food	
Clothes	
Furniture, appliances	
Entertainment	
Medical co-payments	
Dental payments	
Prescriptions	
Child Care	
Tuition	
Other	
Other	
Other	

**BUDGETING TIP:
Keep a Spending Journal**

One useful way to get an idea of what your expenses are is to keep a spending journal. Simply record all of your spending for one week, keeping track of the date, amount spent, and what it was for. You may be surprised at the results!

SUMMARY

Total income: \$ _____ — Minus total expenses: \$ _____
= Balance: \$ _____

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