

# Yearly Goals

AT A GLANCE

| JANUARY   | FEBRUARY | MARCH    | APRIL    |
|-----------|----------|----------|----------|
|           |          |          |          |
| MAY       | JUNE     | JULY     | AUGUST   |
|           |          |          |          |
| SEPTEMBER | OCTOBER  | NOVEMBER | DECEMBER |
|           |          |          |          |

# Monthly Goals

MONTH: \_\_\_\_\_

Goal description

DEADLINE:

COMPLETED:

Goal description

DEADLINE:

COMPLETED:

Goal description

DEADLINE:

COMPLETED:

# My Week

AT A GLANCE

The week of: \_\_\_\_\_

*M*

*T*

*W*

*T*

*F*

*S/S*

# Monthly Bills

MONTH: \_\_\_\_\_

|                   |    |                      |                       |
|-------------------|----|----------------------|-----------------------|
| Mortgage/Rent     | \$ | <input type="text"/> | <input type="radio"/> |
| Electricity       | \$ | <input type="text"/> | <input type="radio"/> |
| Gas               | \$ | <input type="text"/> | <input type="radio"/> |
| Groceries         | \$ | <input type="text"/> | <input type="radio"/> |
| Water             | \$ | <input type="text"/> | <input type="radio"/> |
| Phone             | \$ | <input type="text"/> | <input type="radio"/> |
| Cable/Internet    | \$ | <input type="text"/> | <input type="radio"/> |
| Vehicle Payment   | \$ | <input type="text"/> | <input type="radio"/> |
| Vehicle Insurance | \$ | <input type="text"/> | <input type="radio"/> |
| Entertainment     | \$ | <input type="text"/> | <input type="radio"/> |
| Personal          | \$ | <input type="text"/> | <input type="radio"/> |
| Medical           | \$ | <input type="text"/> | <input type="radio"/> |
| Pet               | \$ | <input type="text"/> | <input type="radio"/> |
| Credit Card       | \$ | <input type="text"/> | <input type="radio"/> |
|                   | \$ | <input type="text"/> | <input type="radio"/> |
|                   | \$ | <input type="text"/> | <input type="radio"/> |
|                   | \$ | <input type="text"/> | <input type="radio"/> |
| Total Expenses    | \$ | <input type="text"/> |                       |

# Monthly Income

MONTH: \_\_\_\_\_

## SOURCE OF INCOME

|                 |    |
|-----------------|----|
| Salary          | \$ |
|                 | \$ |
|                 | \$ |
|                 | \$ |
|                 | \$ |
| Total Income    | \$ |
| -               |    |
| Total Expenses  | \$ |
| Surplus/Deficit | \$ |

Areas where I need to work on: