**Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Period\_\_\_\_\_**

**Budget Project Information Sheet**

**BPIS**

Part of this grade will be evaluating if you made responsible choices.

**Section I : Taxes and Life Info**

Job: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Salary (pretax income)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Marital Status: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Spouse’s Job\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Spouse’s Salary (pretax Income)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Complete if **MARRIED**:

Your Pretax income $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Spouse’s Pretax income $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Combined Pretax Income** $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Income Tax Bracket \_\_\_\_\_\_\_\_\_\_ %

The amount of money you

 must pay in income tax $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(subtract income tax from pretax income to get post tax income)

Post tax income $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Divide by post tax income by 12

Post tax Monthly Income: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Monthly Child Support $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Add if you receive it.

 Subtract if you pay it.

 N/A –Not Applicable

**Real Monthly Income**

Combined Income\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What percentage will you pay in taxes? \_\_\_\_\_\_\_\_\_\_\_\_\_

Number of Children: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Complete if **NOT Married:**

Your Pretax income $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Income Tax Bracket \_\_\_\_\_\_\_\_\_\_ %

amount of money you

must pay in income tax $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(subtract income tax from pretax income to get post tax income)

Post tax income $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Divide by post tax income by 12

Post Tax Monthly Income: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Monthly Child Support $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Add if you receive it.

 Subtract if you pay it.

 N/A –Not Applicable

**Real Monthly Income**

$

$

**Fun Extra Credit Option:** Add an additional page after this one about your fictitious life.

Things you can include: Names and pictures of your spouse or significant other, and/or children.

Family photo, hobbies, likes and dislikes, favorite food, favorite movie, favorite sport, etc.…

Have fun with this. If you have a child and not a spouse, create a story to explain your situation. (ex: divorced, died in a car accident, in jail) If you have a spouse who does not work explain why. (graduate school, disabled, in between jobs, staying at home with your children, is studying to be a yoga instructor,)

**Section II Housing:**

Highlight the Option you Choose:

|  |  |  |  |
| --- | --- | --- | --- |
| Name of the complex | Address | Rent per month | Amenities |
| Option One:  |  |  |  |
| Option Two: |  |  |  |
| Option Three: |  |  |  |

**Separate Page**: The next page(s) has printed information about each option. Place directly after this page.

**Extra Credit:** Go to the complex or facility and take your picture in front of the sign. You can do this with a friend or group of friends.

**Section III Utilities:**

Mobile Phone cost\_\_\_\_\_\_\_\_\_\_\_

Mobile service

cost \_\_\_\_\_\_\_\_\_\_

Monthly payment

\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Computer cost\_\_\_\_\_\_\_

Monthly payment

\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **Utilities** | **Cost per month** |
| **Power ($75)** |  |
| **Water ($20)** |  |
| **Phone: land line ($30)** |  |
|  mobile phone and service  cost per month \*Include advertisement or official offer |  |
| Cable $30/ $50/ $10 |  |
| Computer \*Include advertisement or official offer |  |
| Internet Service $75/ $100 |  |
|  |  |
|  |  |
| **TOTAL Utilities Cost** |  |

Remember, if you get a mobile phone or computer, your research with the offer you have chosen must be included on the next or following page.

**Section IV Transportation:**

**Circle which one you are choosing: Car Bike Bus**

**Car Option:**

* **A car is required if you make $30,000 a year combined or solo.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Car ManufacturerModelYear  | Features/ Strengths  | Features/ Weakness | Total Cost | Financing for how many months | Car payment each month  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| Expenses |  Cost of the expense Highlight the car you picked and list the reasons why you picked this one. |
| Monthly car payment |  |
| Gas |  |
| Insurance  |  |
| Total Car Cost |  |

* You must include the pictures and information about each car on the next page.
* The car must cost a minimum of $5,000
* You must include a print out of the information about your loan, your monthly payment, and how many years you have the loan.

**Bus Option:** $45 month per adult, $22.50 month for children 13-17

\* The followinginformation **MUST BE ATTACHED** after this page. Refer to the instructions.

1. Bus routes you plan to use.
2. Map **clearly marked and labeled** with the 6 requirements

|  |  |
| --- | --- |
|  | Cost per month |
| You |  |
| Spouse |  |
| You Child  |  |
| Your Child |  |
|  TOTAL COST PER MONTH |  |

**Bike Option:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Total Cost  | How many months do you need to save for the bike | Cost per month  |
| Bike |  |  |  |
| Rain Gear |  |  |  |
| Bike for your spouse |  |  |  |
| Rain Gear |  |  |  |
| Attachable kid seat |  |  |  |
| Rain Gear |  |  |  |
|  TOTAL COST PER MONTH |  |

**Section V: Food** : PLAN Balanced Meals for 7 days.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Meals | **Monday** | Groceries needed  | Cost | **Tuesday** | Groceries needed  | Cost |
| Breakfast |  |  |  |  |  |  |
| Lunch |  |  |  |  |  |  |
| Super/ Dinner |  |  |  |  |  |  |
| Optional Snack |  |  |  |  |  |  |
| Total per day |  |  |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Meals | **Wednesday** | Groceries needed  | Cost | **Thursday** | Groceries needed  | Cost |
| Breakfast |  |  |  |  |  |  |
| Lunch |  |  |  |  |  |  |
| Super/ Dinner |  |  |  |  |  |  |
| Optional Snack |  |  |  |  |  |  |
| Total per day |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Meals | **Friday** | Groceries needed  | Cost | **Saturday** | Groceries needed  | Cost |
| Breakfast |  |  |  |  |  |  |
| Lunch |  |  |  |  |  |  |
| Super/ Dinner |  |  |  |  |  |  |
| Optional Snack |  |  |  |  |  |  |
| Total per day |  |  |  |  |  |  |
|  |  |  |  |

|  |  |
| --- | --- |
|  | List the cost for each day. $7 minimum |
| Mon | $ |
| Tue | $ |
| Wed | $ |
| Thus | $ |
| Fri | $ |
| Sat | $ |
| Sun | $ |
| **Total food cost for one week for ONE PERSON**  | **$** |
| **Calculate the amount of money for ONE PERSON for One MONTH****(assume 4 weeks in a month)** | **$** |
| **Number of Family Members (multiple)** | **X** |
| **Total Amount of Money spent on food for 1 month for the entire family** | **$** |

 |  |  |
| Meals | **Sunday** | Groceries needed  | Cost |
| Breakfast |  |  |  |
| Lunch |  |  |  |
| Super/ Dinner |  |  |  |
| Optional Snack |  |  |  |
| Total per day |  |  |  |

**Required for Honors**

**You must have the amount of servings you need but you can have extras.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Grocery List/ Food** | **Servings Needed** | **Brand** | **Amount** | **Servings** | **Cost** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
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**Compare your grocery bill to the one calculated by the project guidelines.**

**Section VI**: Personal Hygiene items and cleaning supplies:

The **items listed are mandatory**. You pick the others things you need.

Suggestion: tissues, make-up, perfume, fingernail clippers, shaving cream, lotion, sunscreen, allergy medicine, ibuprofen, mouth wash, laundry softener, gum, breath mints, paper towels, sponge.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Shampoo | Brand or name  | Total Cost  | Projected months of use | Cost per month  |
| Shampoo |  |  |  |  |
| Soap |  |  |  |  |
| Dish Washing Soap |  |  |  |  |
| Laundry Detergent |  |  |  |  |
| Deodorant  |  |  |  |  |
| Tooth brush |  |  |  |  |
| Tooth paste |  |  |  |  |
| Toilet paper |  |  |  |  |
| Paper towels |  |  |  |  |
| Razor |  |  |  |  |
| Spray kitchen/bathroom cleaner |  |  |  |  |
| Toilet Paper |  |  |  |  |
| Multi-purpose cleaning spray |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  **Total Monthly** for all of your personal hygiene items and cleaning supplies | $ |

**Section VII Clothing**: You can spend more than $20 a month but **not less**.

|  |  |  |  |
| --- | --- | --- | --- |
| Person  | Store | Item  | Cost  |
| Me |  |  | $ |
| Me  |  |  | $ |
|  |  |  **Total For Me :** | **$** |
|  |  |  |  |
| Spouse |  |  | $ |
| Spouse |  |  | $ |
|  |  |  **Total For Spouse:** | **$** |
|  |  |  |  |
| Child |  |  | $ |
| Child |  |  | $ |
|  |  |  **Total For Child:** | $ |
|  |  |  |  |
| Child |  |  |  |
| Child |  |  |  |
|  |  |  **Total For Child:** | $ |
|  |  |  |  |
|  |  | **Total For The Family**  | $ |

Use the chart on the instruction sheet

|  |  |  |  |
| --- | --- | --- | --- |
| Number of Family Members  | Number of Laundry Loads Per Month | Laundromat WASHER Cost Per Load  | Total  |
|  |  | $ | $ |
|  |  | Laundromat DRIER Cost Per Load |  |
|  |  | $ | $ |
| **TOTAL AMOUNT WASHING AND DRYING CLOTHES** |  |

|  |  |
| --- | --- |
| Clothing Cost |  |
| Laundry Mat Cost |  |
| Add together for total spending |  |

**Section VIII:** **Budget Electives:**

|  |  |  |  |
| --- | --- | --- | --- |
| Budget Elective | Reason for your choose | Cost of Elective  | Cost per month |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Section IX Life Event**  You should talk about this in your reflection. Section XI

|  |  |  |
| --- | --- | --- |
| Life Event  | Gain/Loose | What budget item will you change? |
| First Life Event |  |  |
| Second Life Event |  |  |

**Section X : Accounting: VERY IMPORTANT**

|  |  |
| --- | --- |
| Section | Per Month Cost |
| 1. Tax and Life Information

Pre Tax Salary |  |
| Post Tax Salary |  |
| Post Tax Monthly Salary |  |

|  |  |
| --- | --- |
| II. Housing Cost |  |
| III. Total Utilities Cost |  |
| IV. Transportation Cost  |  |
| V. Food Cost |  |
| VI. Hygiene and Cleaning Supplies Cost |  |
| VII. Clothing Cost |  |
| VIII. Budget Electives Cost |  |
| **Total of ALL Expenses**  |  |

|  |  |
| --- | --- |
| Post Tax Monthly Income |  |
| **Total of Expenses** |  |

|  |  |
| --- | --- |
| IX. Life Event (Revenue or Expense) | Where did you add or deduct money you’re your budget? Explain how you dealt with your life event |
| Life Event 1 |  |
| Life Event 2  |  |

**Section: XI. Reflection (1-3 Paragraphs)**

**Section XII Required for HONORS:** **Your Future**