Your First and Last Name

Your Teacher’s Name

Class - Period

Day Month Year

**Part I: Occupation / Career**

1. **My future job occupation title:**
2. **What do people in this occupation do? List at least 5 specific duties/responsibilities.**
3. **What is the typical work schedule for this occupation?**
4. **What essential skills or qualities are required?**
5. **What major, program of study, or training is required or suggested for entry into this occupation?**
6. **How do you plan on paying for school/training? Explain your plan to pay these expenses (*will you take a year off to save, will you get a loan, will you work part-time*)?**
7. **What licenses or certifications are required?**
8. **What is the yearly income/salary for someone entering this job?**
9. **What is the U.S. Department of Labor’s employment outlook for this occupation?**
10. **List three similar occupations or jobs.**

**Part II: Income Taxes / Deductions**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Deduction** | **Rate** | **Amount Deducted** |
| **1.** | Federal Withholding Tax | 12.5% |  |
| **2.** | State Withholding (PA) | 3.07% |  |
| **3.** | Social Security | 6.2% |  |
| **4.** | Medicare | 1.45% |  |
| **5.** | **Total amount of taxes taken out of your annual paycheck?** | |  |

1. **Health insurance:**
2. **Dental Insurance:**
3. **Life Insurance:**
4. **Retirement:**

**Part III: Cost of Owning Your Own Vehicle**

Add a picture of your car

1. **Present Year:**
2. **Year Vehicle Purchased:**
3. **Number of Years Owned:**
4. **Miles Drove in a Yea**r:
5. **Average MPG:**
6. **Amount Paid:**
7. **Value of Vehicle:**
8. **Car Insurance:**
9. **Registration:**
10. **Cost of Fuel Per Year:**
11. **Cost of Oil:**
12. **Cost of Tires:**
13. **Cost of Repairs:**
14. **Total Cost Per Year:**
15. **Total Cost Per Month:**

**Part IV: Housing (Apartment / House)**

**Address of House or Apartment**

Add a picture of your house

**Price:**

**BR/BA:**

**Location:**

**Description:**

**Property Type:**

**Appliances Included:**

**Features:**

**Utilities Present:**

**Agent Name:**

**Part V: Furnishing Your Residence**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***Kitchen:*** | | | | |
| Table and chairs: |  |  | Stove (if it isn’t provided): |  |
| Fridge (if it isn’t provided): |  |  | Garbage can: |  |
| Microwave: |  |  | Cooking utensils: |  |
| Measuring cups: |  |  | Toaster: |  |
| Coffeemaker: |  |  | Plates: |  |
| Bowls: |  |  | Cups: |  |
| Glassware: |  |  | Silverware: |  |
| Can opener: |  |  | Pots and pans: |  |
| Cutlery: |  |  | At least two others: |  |
|  | | | | |
| ***Living room:*** | | | | |
| Couch and chairs: |  |  | Television: |  |
| D.V.D. / Blu-ray Player |  |  | Coffee / end tables: |  |
| Lamp(s): |  |  | At least one other: |  |
|  | | | | |
| ***Bedroom:*** | | | | |
| Bedroom suite: |  |  | Mattress: |  |
| Linen(s): |  |  | Pillow(s): |  |
| Lamp(s): |  |  | At least one other: |  |
|  | | | | |
| ***Bathroom:*** | | | | |
| Shower curtain: |  |  | Wash clothes & towels: |  |
| Bath & wash accessories: |  |  | At least two others: |  |
|  |  |  |  |  |
| ***Miscellaneous:*** |  |  |  |  |
| Vacuum cleaner: |  |  | Broom & dustpan: |  |
| Mop: |  |  | Cleaning supplies: |  |
| Computer: |  |  | At least two others: |  |
|  |  |  |  |  |
| ***Overall Costs:*** |  |  |  |  |
| Kitchen: |  |  | Bathroom: |  |
| Living room: |  |  | Miscellaneous: |  |
| Bedroom: |  |  | **Grand Total:** |  |

***Loan Amount:***

***Monthly Loan Repayment:***

***Utilities:***

**Heat:**

**Water:**

**Electricity:**

**Cable or satellite television:**

**Telephone or cell phone:**

**Grand Total Utilities (per month):**

**Part VI: Weekly Menu, Grocery List and Monthly Food Expense**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Breakfast | Lunch | Dinner | Snack(s) |
| Sunday |  |  |  |  |
| Monday |  |  |  |  |
| Tuesday |  |  |  |  |
| Wednesday |  |  |  |  |
| Thursday |  |  |  |  |
| Friday |  |  |  |  |
| Saturday |  |  |  |  |

**Part VII: Day to Day Living**

* **Clothes:**
* **Entertainment:**
* **Toiletries:**
* **Other:**

**Part VIII: Your Monthly Budget**

|  |  |  |
| --- | --- | --- |
| **Your ‘Monthly’ Income:** |  |  |
| ‘Monthly’ Taxes: |  |  |
| Deductions: |  |  |
| Vehicle expenses: |  |  |
| Loan for residence: |  |  |
| Utilities |  |  |
| ‘Monthly’ Food Expense: |  |  |
| Clothes: |  |  |
| Entertainment: |  |  |
| Toiletries: |  |  |
| Other (Garage): |  |  |
|  |  |  |
| **Total ‘Monthly’ Expenses:** |  |  |
| **‘Monthly’ Income - Monthly expenses = (savings):** |  |  |

**Part IX: Reflect On You Budget**

**Directions:** Answer the following questions about completing this project.

1. Was your budget balanced? Explain your answer.
2. What was the most difficult part of the exercise? Why was it so difficult?
3. What was the easiest part of the exercise? Why was it so easy?
4. What changes did you have to make in order for your budget to be balanced?
5. What changes could you make to either increase your income or lessen your expenses (while not dramatically changing your lifestyle)? Name 3.