

Activity Tracking Sheet

Direct Deposits

(List names of specific sources under each category)

	Amount	Date
<input type="checkbox"/> Employer(s) Payroll: _____ _____	_____	_____
<input type="checkbox"/> Pension(s)/Retirement Plans: _____ _____	_____	_____
<input type="checkbox"/> Social Security: _____	_____	_____
<input type="checkbox"/> Investment Income: _____	_____	_____

Automatic Payments

(List name of specific biller next to each category)

	Amount	Date
<input type="checkbox"/> Mortgage: _____ _____	_____	_____
<input type="checkbox"/> Auto Loans: _____ _____	_____	_____
<input type="checkbox"/> Insurance: _____ _____ _____	_____	_____
<input type="checkbox"/> Credit Cards: _____ _____ _____	_____	_____
<input type="checkbox"/> Gas/ Electric: _____ _____	_____	_____
<input type="checkbox"/> Television: _____	_____	_____
<input type="checkbox"/> Telephone: _____	_____	_____
<input type="checkbox"/> Cell Phone: _____	_____	_____
<input type="checkbox"/> Internet Provider: _____	_____	_____
<input type="checkbox"/> Investments: _____	_____	_____
<input type="checkbox"/> IRA/ Retirement: _____	_____	_____
<input type="checkbox"/> Charities: _____	_____	_____
<input type="checkbox"/> Other: _____	_____	_____