

# Cash Flow **Worksheet**



Client 1 Name \_\_\_\_\_

Client 2 Name \_\_\_\_\_

INCOME	MONTHLY
Client 1's Wages or Salary	\$
Client 2's Wages or Salary	\$
Dividends and Interest	\$
Child Support/Alimony	\$
Annuities, Pensions, Social Security	\$
Rental Income, Royalties, Fees	\$
Other: _____	\$
<b>TOTAL INCOME</b>	<b>\$</b> _____

TAXES	MONTHLY
Federal Income Taxes	\$
State & Local Income Taxes	\$
FICA/Medicare Taxes	\$
Real Estate Taxes	\$
Personal Property	\$
Other: _____	\$
<b>TOTAL TAXES</b>	<b>\$</b> _____

SAVINGS	MONTHLY
Savings Accounts/Money Markets	\$
Taxable Investment Accounts	\$
Traditional IRA	\$
Roth IRA	\$
401(k)/403(b)/457(b)	\$
Health Savings Account (HSA)	\$
529 Plan/UTMA/UGMA	\$
Other: _____	\$
<b>TOTAL SAVINGS</b>	<b>\$</b> _____

LIVING EXPENSES	MONTHLY
Rent or Mortgage Payments	\$
Groceries	\$
Clothing	\$
Utilities	\$
Phone/Cable/Internet	\$
Dining Out	\$
Furniture and Other Durable Goods	\$
Personal Care (i.e., hair, nails, dry cleaners)	\$
Recreation, Entertainment, Vacation	\$
Gasoline	\$
Car Payments	\$
Car Repairs	\$
Auto Insurance Premiums	\$
Financial and Legal Services	\$
Doctor Bills	\$
Interest	\$
Household maintenance	\$
Tuition/Day Care	\$
Life/Disability Insurance Premiums	\$
Health Insurance Premiums	\$
Gifts/Charitable Donations	\$
Other: _____	\$

**TOTAL LIVING EXPENSES** \$ \_\_\_\_\_

CREDIT CARDS/OTHER DEBTS	MONTHLY
Credit Card #1	\$
Credit Card #2	\$
Student Loans	\$
Other: _____	\$

**TOTAL DEBT PAYMENTS** \$ \_\_\_\_\_

