

# CASH FLOW WORKSHEET

Client A Name: \_\_\_\_\_

Date: \_\_\_\_\_

Client B Name: \_\_\_\_\_



Please enter a Monthly OR Annually

Income	Monthly	Annually
Salary (Client A)/Self-Emp	_____	_____
Salary (Client B)/Self-Emp	_____	_____
Interest and NQ Dividends	_____	_____
Qualified Dividends	_____	_____
Defined Benefit (Client A)	_____	_____
Defined Benefit (Client B)	_____	_____
Social Security (Client A)	_____	_____
Social Security (Client B)	_____	_____
Alimony	_____	_____
Rental Property (Net)	_____	_____
Other _____	_____	_____
<b>Total Income</b>	<b>\$ -</b>	<b>\$ -</b>

DEBT & INSTALLMENT PAYMENTS	Monthly	Annually
Mortgage (P&I Only)	_____	_____
Auto Loan/Lease	_____	_____
Auto Loan/Lease	_____	_____
Credit Card #1	_____	_____
Credit Card #2	_____	_____
Credit Card #3	_____	_____
Home Equity Line of Credit	_____	_____
Student Loans	_____	_____
Student Loans	_____	_____
Other _____	_____	_____
Other _____	_____	_____
<b>TOTAL DEBT &amp; PAYMENTS</b>	<b>\$ -</b>	<b>\$ -</b>

Withholding	Monthly	Annually
Federal (Client A)	_____	_____
Federal (Client B)	_____	_____
State & Local (Client A)	_____	_____
State & Local (Client B)	_____	_____
OASDI (Client A)	_____	_____
OASDI (Client B)	_____	_____
Medicare (Client A)	_____	_____
Medicare (Client B)	_____	_____
401(K) (Client A)	_____	_____
401(K) (Client B)	_____	_____
Cafeteria Plan (Client A)	_____	_____
Cafeteria Plan (Client B)	_____	_____
Other _____	_____	_____
Other _____	_____	_____
<b>TOTAL WITHHOLDING</b>	<b>\$ -</b>	<b>\$ -</b>

HOUSING EXPENSE	Monthly	Annually
Association Dues	_____	_____
Cable/Satellite	_____	_____
Electric Utilities	_____	_____
Gas Utilities	_____	_____
Home Repair/Maintenance	_____	_____
Housekeeping	_____	_____
Internet	_____	_____
Landscaping	_____	_____
Pest Control	_____	_____
Phone - Home	_____	_____
Phone - Mobile	_____	_____
Pool Service	_____	_____
Real Estate Taxes	_____	_____
Rent	_____	_____
Snow Removal	_____	_____
Waste Removal	_____	_____
Water & Sewer	_____	_____
Other _____	_____	_____
Other _____	_____	_____
Other _____	_____	_____
Other _____	_____	_____
Other _____	_____	_____
Other _____	_____	_____
<b>TOTAL HOUSING</b>	<b>\$ -</b>	<b>\$ -</b>

SAVINGS & INVESTMENT	Monthly	Annually
IRA, ROTH (Client A)	_____	_____
IRA, ROTH (Client B)	_____	_____
Investments	_____	_____
Savings, Emergency, Etc.	_____	_____
Education Savings	_____	_____
Other _____	_____	_____
Other _____	_____	_____
<b>TOTAL SAVINGS</b>	<b>\$ -</b>	<b>\$ -</b>

INSURANCE	Monthly	Annually
Auto	_____	_____
Dental	_____	_____
Disability	_____	_____
Homeowners/Renters	_____	_____
Liability/Umbrella	_____	_____
Life	_____	_____
Long Term Care	_____	_____
Medical	_____	_____
Other _____	_____	_____
<b>TOTAL INSURANCE</b>	<b>\$ -</b>	<b>\$ -</b>

CHILD CARE	Monthly	Annually
Child/Dependent Support	_____	_____
Daycare	_____	_____
Diapers/Food/Etc.	_____	_____
School Lunches	_____	_____
School Supplies	_____	_____
Sports/Hobbies	_____	_____
Tuition	_____	_____
Other _____	_____	_____
Other _____	_____	_____
Other _____	_____	_____
<b>TOTAL CHILD CARE</b>	<b>\$ -</b>	<b>\$ -</b>

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Client A Name: \_\_\_\_\_

Date: \_\_\_\_\_

Client B Name: \_\_\_\_\_



Please enter a Monthly OR Annually

TRANSPORTATION	Monthly	Annually
Car Washes/Detailing	_____	_____
Fuel	_____	_____
Inspection/Tags	_____	_____
Parking/Tolls	_____	_____
Personal Property Tax	_____	_____
Service/Maintenance	_____	_____
Train/Subway/Taxis	_____	_____
Other _____	_____	_____
Other _____	_____	_____
<b>TOTAL TRANSPORTATION</b>	<b>\$ -</b>	<b>\$ -</b>

FOOD & BEVERAGE	Monthly	Annually
Groceries	_____	_____
Lunches/Dining Out	_____	_____
Other _____	_____	_____
<b>TOTAL FOOD &amp; BEVERAGE</b>	<b>\$ -</b>	<b>\$ -</b>

CLOTHING	Monthly	Annually
Dry Cleaning	_____	_____
Purchases	_____	_____
Tailoring/Alterations	_____	_____
Other _____	_____	_____
<b>TOTAL CLOTHING</b>	<b>\$ -</b>	<b>\$ -</b>

FURNISHINGS	Monthly	Annually
Appliances	_____	_____
Furniture	_____	_____
Interior/Exterior Decorating	_____	_____
Linens	_____	_____
Other _____	_____	_____
<b>TOTAL FURNISHINGS</b>	<b>\$ -</b>	<b>\$ -</b>

PERSONAL CARE & CASH	Monthly	Annually
Allowances	_____	_____
Cosmetics	_____	_____
Hair Care	_____	_____
Manicures/Pedicures	_____	_____
Pocket/Spending Cash	_____	_____
Other _____	_____	_____
<b>TOTAL PERSONAL CARE &amp; CASH</b>	<b>\$ -</b>	<b>\$ -</b>

MEDICAL, DENTAL & Rx	Monthly	Annually
Chiropractic	_____	_____
Co-Payments	_____	_____
Deductible	_____	_____
Dental/Orthodontic	_____	_____
Drugs & Prescriptions	_____	_____
Glasses/Contacts	_____	_____
Other _____	_____	_____
Other _____	_____	_____
<b>TOTAL MEDICAL</b>	<b>\$ -</b>	<b>\$ -</b>

EDUCATION & SELF-IMP	Monthly	Annually
Education	_____	_____
Health Club/Spa	_____	_____
Music Lessons	_____	_____
Self-Improvement Classes	_____	_____
Other _____	_____	_____
Other _____	_____	_____
<b>TOTAL ED &amp; SELF-IMP.</b>	<b>\$ -</b>	<b>\$ -</b>

ENTERTAINMENT	Monthly	Annually
Alcohol/Liquor/Wine	_____	_____
Clubs	_____	_____
Computer	_____	_____
Country Club Membership	_____	_____
Gambling/Lottery	_____	_____
Golf	_____	_____
Hunting/Fishing/Boating	_____	_____
Movies/Videos	_____	_____
Music	_____	_____
The Arts	_____	_____
Tickets (Sports/Concerts/Etc.)	_____	_____
Other _____	_____	_____
<b>TOTAL ENTERTAINMENT</b>	<b>\$ -</b>	<b>\$ -</b>

VACATIONS & HOLIDAYS	Monthly	Annually
Holidays	_____	_____
Vacations	_____	_____
Other _____	_____	_____
Other _____	_____	_____
<b>TOTAL VAC &amp; HOLIDAYS</b>	<b>\$ -</b>	<b>\$ -</b>

OTHER EXPENSES	Monthly	Annually
Alimony	_____	_____
Anniversary	_____	_____
Birthdays	_____	_____
Christmas	_____	_____
Hobbies/Collectibles	_____	_____
Memberships/Dues/Fees	_____	_____
Paper/Magazines/Books	_____	_____
Pet Care	_____	_____
Spontaneous Gifts	_____	_____
Weddings	_____	_____
Charitable Donation	_____	_____
Other _____	_____	_____
Other _____	_____	_____
Other _____	_____	_____
<b>TOTAL OTHER EXPENSES</b>	<b>\$ -</b>	<b>\$ -</b>

<b>TOTAL ANNUAL INCOME</b>	<b>\$ -</b>
<b>TOTAL ANNUAL EXPENSES &amp; WITHHOLDING</b>	<b>\$ -</b>
<b>NET SURPLUS/DEFICIT</b>	<b>\$ -</b>