

CASH FLOW WORKSHEET

	Monthly	Annually
Total Gross Income:	_____	_____
Tax Withholdings/Estimates	_____	_____
Mortgage Payments/Rent	_____	_____
Real Estate Taxes (if paid separately)	_____	_____
Homeowner's/Renters Insurance Premiums	_____	_____
Auto Insurance Premiums	_____	_____
Umbrella Liability Insurance Premiums	_____	_____
Other Loan Payments	_____	_____
Health/Dental Insurance Premiums	_____	_____
Out-of-Pocket Medical and Dental Expenses	_____	_____
Utilities (gas, water, electric, cable, phone, internet)	_____	_____
Groceries	_____	_____
Clothes and Dry Cleaning	_____	_____
Child Care	_____	_____
Automobile (gas, tires, maintenance)	_____	_____
Home Maintenance	_____	_____
Yard and Pool Maintenance	_____	_____
Disability Insurance Premiums	_____	_____
Life Insurance Premiums	_____	_____
Allowances/Cash Spending	_____	_____
Vacation	_____	_____
Household Purchases	_____	_____
Dining Out	_____	_____
Hobbies/Club Dues/Recreation	_____	_____
Gifts	_____	_____
Donations	_____	_____
Subscriptions	_____	_____
Hygiene/Personal Expenses	_____	_____
Education	_____	_____
Pets	_____	_____
Housekeeper	_____	_____
Other _____	_____	_____
Other _____	_____	_____
Total Expenses:	_____	_____
Total Gross Income – Expenses:	_____	_____



FEE-ONLY FINANCIAL PLANNING, L.C.

OBJECTIVE ADVICE SINCE 1981