

Cash Flow Worksheet

Income	Monthly	Annual
Client A	_____	_____
Client B	_____	_____
Other	_____	_____
Total	_____	_____
Expenses		
Saving / Investment		
Retirement Savings	_____	_____
Education Savings	_____	_____
Savings Account	_____	_____
Investment Account	_____	_____
Subtotal	_____	_____
Housing		
Mortgage / Rent	_____	_____
Property Taxes	_____	_____
Home Owner's Insurance	_____	_____
Telephone	_____	_____
Cell Phone / Pager	_____	_____
Gas & Electric	_____	_____
Water & Sewer	_____	_____
Cable T.V.	_____	_____
Lawn Care / Housekeeping	_____	_____
Subtotal	_____	_____
Child Care		
Day Care / Sitters / Sports	_____	_____
Private School	_____	_____
Child Support Payments	_____	_____
Subtotal	_____	_____



Transportation

Car / Lease Payment #1	_____	_____
Car / Lease Payment #2	_____	_____
Registration	_____	_____
Auto Insurance	_____	_____
Gasoline	_____	_____
Oil Changes / Maintenance	_____	_____
Repairs	_____	_____
Car Washes	_____	_____
Parking	_____	_____
Subtotal	_____	_____

Food & Beverages

Groceries	_____	_____
Lunches / Meals Out	_____	_____
Subtotal	_____	_____

Clothing

Adult	_____	_____
Child	_____	_____
Dry Cleaning	_____	_____
Subtotal	_____	_____

Furnishings

Home	_____	_____
Office	_____	_____
Subtotal	_____	_____

Personal Care & Misc. Cash

Morning Coffee	_____	_____
ATMs	_____	_____
Makeup	_____	_____
Gym / Club Dues	_____	_____
Hair Cuts / Salon	_____	_____
Subtotal	_____	_____

Education / Self Improvement

Tuition / Books	_____	_____
Student Loan Payments	_____	_____
Newspapers	_____	_____
Magazines	_____	_____
Seminars	_____	_____
Karate / Swim / Music / Dance Lessons	_____	_____
Subtotal	_____	_____



Debt / Installment Payments

Credit Card #1	_____	_____
Credit Card #2	_____	_____
Credit Card #3	_____	_____
Department Stores	_____	_____
Personal Notes	_____	_____
Home Equity / Line of Credit	_____	_____

Subtotal

_____	_____
-------	-------

Entertainment

Dining Out	_____	_____
Movies / Video Rentals	_____	_____
Concerts / Theme Parks	_____	_____

Subtotal

_____	_____
-------	-------

Medical Expenses

Insurance Premiums	_____	_____
Co-Payments / Deductible	_____	_____
Drugs / Vitamins	_____	_____
Glasses / Contact Lenses	_____	_____
Dental	_____	_____

Subtotal

_____	_____
-------	-------

Vacation & Holidays

Annual Vacation	_____	_____
Weekend Getaways	_____	_____
Gifts: Birthday, Anniversary, Holidays	_____	_____

Subtotal

_____	_____
-------	-------

Charitable Contributions

Church / Religious Organizations	_____	_____
Non-Profit Organizations	_____	_____

Subtotal

_____	_____
-------	-------

Other

Miscellaneous	_____	_____
Pets	_____	_____

Subtotal

_____	_____
-------	-------

Total

_____	_____
-------	-------

Securities and advisory services offered through Commonwealth Financial Network®, Member FINRA/SIPC, a Registered Investment Advisor.

