

Cash Flow Worksheet



	Monthly	Annual
Income		
Client A	_____	_____
Client B	_____	_____
Other	_____	_____
Total	_____	_____
Expenses		
<u>Saving/Investment</u>		
401k Plan / Pension	_____	_____
Savings Account	_____	_____
Mutual Funds	_____	_____
Investment Account	_____	_____
Subtotal	_____	_____
<u>Housing</u>		
Mortgage / Rent	_____	_____
Property Taxes	_____	_____
Home Owner's Insurance	_____	_____
Telephone	_____	_____
Cellular Phone/Pager	_____	_____
Gas & Electric	_____	_____
Water & Sewer	_____	_____
Cable T.V.	_____	_____
Gardeners/ Maid	_____	_____
Subtotal	_____	_____
<u>Child Care</u>		
Day Care/Sitters/Sports	_____	_____
Private School	_____	_____
Child Support Payments	_____	_____
Subtotal	_____	_____
<u>Transportation</u>		
Car/Lease Payment #1	_____	_____
Car/Lease Payment #2	_____	_____
Registration	_____	_____
Auto Insurance	_____	_____
Gasoline	_____	_____
Oil Changes/Maintenance	_____	_____
Repairs	_____	_____
Car Washes	_____	_____
Parking	_____	_____
Subtotal	_____	_____
<u>Food & Beverages</u>		
Groceries	_____	_____
Lunches/Meals Out	_____	_____
Subtotal	_____	_____



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	Monthly	Annual
<u>Clothing</u>		
Adult	_____	_____
Children	_____	_____
Dry Cleaning	_____	_____
Subtotal	_____	_____
<u>Furnishings</u>		
Home	_____	_____
Office	_____	_____
Subtotal	_____	_____
<u>Personal Care & Misc. Cash</u>		
Morning Coffee	_____	_____
ATM's	_____	_____
Make Up	_____	_____
Gym / Club Dues	_____	_____
Hair Cuts / Salon	_____	_____
Subtotal	_____	_____
<u>Education / Self Improvement</u>		
Tuition / Books	_____	_____
Student Loan Payments	_____	_____
Newspapers	_____	_____
Magazines	_____	_____
Seminars	_____	_____
Karate / Swim / Music / Dance Lessons	_____	_____
Subtotal	_____	_____
<u>Debt / Installment Payments</u>		
Visa / MC / Amex #1	_____	_____
Visa / MC / Amex #2	_____	_____
Visa / MC / Amex #3	_____	_____
Dept. Stores	_____	_____
Personal Notes	_____	_____
Home Equity Loan / Line of Credit	_____	_____
Subtotal	_____	_____
<u>Entertainment</u>		
Dining Out	_____	_____
Movies / Video Rentals	_____	_____
Concerts / Theme Parks	_____	_____
Subtotal	_____	_____
<u>Medical Expenses</u>		
Insurance Premiums	_____	_____
Co-Payments / Deductible	_____	_____
Drug / Vitamin	_____	_____
Glasses / Contact Lenses	_____	_____
Dental	_____	_____
Subtotal	_____	_____



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Vacation & Holidays

Annual Vacation	_____	_____
Weekend "Getaways"	_____	_____
Gifts - Birthday, Anniversary, Holidays	_____	_____
Subtotal	_____	_____

Charitable Contributions

Church / United Way	_____	_____
Other Non-Profit Organizations	_____	_____
Subtotal	_____	_____

Other

Miscellaneous	_____	_____
Pets	_____	_____
Subtotal	_____	_____

Total _____

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