

## CASH FLOW STATEMENT

	Monthly Amount	Other Amount <sup>1</sup>		Monthly Amount	Other Amount <sup>1</sup>
<b>Income</b>			<b>Fixed Expenses Cont.</b>		
Salary - Client	_____	_____	<b>Medical</b>		
Salary - Spouse	_____	_____	Insurance	_____	_____
Retirement _____	_____	_____	Doctor/Dentist	_____	_____
Other _____	_____	_____	Prescriptions	_____	_____
<b>TOTAL INCOME</b>		_____	Other _____	_____	_____
Less:			<b>Total Medical</b>	_____	_____
Giving	_____	_____	<b>Insurance</b>		
Federal Tax	_____	_____	Life	_____	_____
State Tax	_____	_____	Disability	_____	_____
FICA	_____	_____	Liability	_____	_____
<b>TOTAL</b>		(        )	Other _____	_____	_____
<b>Net Spendable Income</b>		_____	<b>Total Insurance</b>	_____	_____
<b>Fixed Expenses</b>			<b>Variable Expenses</b>		
<b>Savings</b>			<b>Entertainment/Rec.</b>		
Emergency	_____	_____	Dining/Lunches	_____	_____
Retirement	_____	_____	Nights Out/Movies, etc.	_____	_____
Education	_____	_____	Vacation	_____	_____
Other _____	_____	_____	Lessons, Clubs, Etc.	_____	_____
<b>Total Savings</b>		_____	Other _____	_____	_____
<b>Housing</b>			<b>Total Ent./Rec.</b>	_____	_____
Mortgage/Rent	_____	_____	<b>Food/Groceries</b>	_____	_____
Property Taxes	_____	_____	<b>Clothing</b>		
Insurance	_____	_____	Purchases	_____	_____
Furnishings	_____	_____	Cleaning	_____	_____
Maint./Repairs	_____	_____	<b>Total Clothing</b>	_____	_____
Security	_____	_____	<b>Miscellaneous</b>		
Utilities <sup>2</sup>	_____	_____	Child Care	_____	_____
Maid	_____	_____	Tuition	_____	_____
Yard	_____	_____	Subscriptions	_____	_____
Other _____	_____	_____	Personal Care	_____	_____
<b>Total Housing</b>		_____	Gifts	_____	_____
<b>Automobile</b>			Christmas	_____	_____
Loan Payments	_____	_____	Allowances	_____	_____
Insurance	_____	_____	Animals/Pets	_____	_____
Gas/Oil	_____	_____	Other _____	_____	_____
Maint./Repairs	_____	_____	<b>Total Miscellaneous</b>	_____	_____
Other (Tag) _____	_____	_____	<b>TOTAL EXPENSES</b>	_____	_____
<b>Total Automobile</b>		_____	<b>Summary</b>		
<b>Debt</b>			<b>Net Spendable Income</b>	_____	_____
Note	_____	_____	<b>- Total Expenses</b>	_____	_____
Credit Card	_____	_____	<b>= Net Surplus (Shortage)</b>	_____	_____
Other _____	_____	_____		_____	_____
<b>Total Debt</b>		_____		_____	_____

<sup>1</sup> Please indicate any other income or expenses which you receive or pay other than monthly.

<sup>2</sup> Please provide details here: Gas \_\_\_\_\_, Electric \_\_\_\_\_, Water \_\_\_\_\_, Telephone \_\_\_\_\_, Cable \_\_\_\_\_, Other \_\_\_\_\_.