

CASH FLOW STATEMENT

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

¹ Please indicate any other income or expenses which you receive or pay other than monthly.

² Please provide details here: Gas _____, Electric _____, Water _____, Telephone _____, Cable _____, Other _____.