

Cash Flow Planning Worksheet

Gross Income	Monthly	Annual
Your Income	_____	_____
Spouse Income	_____	_____
Other	_____	_____
Total Gross Income	_____	_____
Deductions For:		
Federal Taxes	_____	_____
State Taxes	_____	_____
Local Taxes	_____	_____
Social Security/Medicare Taxes	_____	_____
Group Employer Benefit Deductions	_____	_____
401(k) Deduction	_____	_____
Other Deductions	_____	_____
Total Deductions	_____	_____
Expenses		
Residence Mortgage(s)	_____	_____
Property Taxes	_____	_____
Rent (<i>if not homeowner</i>)	_____	_____
Car/Lease Payments	_____	_____
Personal Installment Loans	_____	_____
Credit Cards (<i>amount if not paid off monthly</i>)	_____	_____
Life Insurance	_____	_____
Health Insurance	_____	_____
Disability Insurance	_____	_____
Automobile Insurance	_____	_____
Homeowner Insurance	_____	_____
Alimony/Child Support	_____	_____
Day Care	_____	_____
Tuition/Education Funding	_____	_____
Groceries	_____	_____
Meals Eaten Out	_____	_____
Gas/Electric/Water	_____	_____
Telephone/Cell Phone	_____	_____
Cable/Internet	_____	_____
Clothing Purchases/Dry Cleaning	_____	_____
Medical/Rx/Dental	_____	_____
Gas/Public Transportation/Parking	_____	_____
Auto Repair/Maintenance	_____	_____
Home Repair/Maintenance	_____	_____
Computer Equipment/Software	_____	_____
Furniture/Appliances	_____	_____
Entertainment (<i>sports, shows, etc.</i>)	_____	_____
Gifts for Family/Friends	_____	_____
Charitable Donations	_____	_____

Vacations/Travel	_____	_____
Other	_____	_____
Total Expenses	_____	_____
Net Cash Flow	_____	_____
<i>(Total gross income minus total deductions/expenses)</i>		