

**CASH FLOW ANALYSIS MONTHLY  
INCOME AND EXPENSES**

Gross Salary & Earned Income \_\_\_\_\_  
 Spouse/Partner Gross Income \_\_\_\_\_  
 Social Security \_\_\_\_\_  
 Spouse/Partner Social Security \_\_\_\_\_  
 Pension \_\_\_\_\_  
 Spouse/Partner Pension \_\_\_\_\_  
 Rental Income \_\_\_\_\_  
 Other Income \_\_\_\_\_  
**TOTAL GROSS INCOME** \_\_\_\_\_

Mortgage Payment or Rent \_\_\_\_\_  
 Residence Real Estate Taxes \_\_\_\_\_  
 Second Home Mortgage \_\_\_\_\_  
 Second Home Taxes \_\_\_\_\_  
 Automobile Loan(s) \_\_\_\_\_  
 Personal Loans/Credit Cards \_\_\_\_\_  
 Child Support & Alimony \_\_\_\_\_  
 Other Loans \_\_\_\_\_  
**TOTAL LIABILITIES** \_\_\_\_\_

Federal Income Taxes \_\_\_\_\_  
 State & Intangible Taxes \_\_\_\_\_  
 Local & Property Taxes \_\_\_\_\_  
 Other taxes \_\_\_\_\_  
 Other taxes \_\_\_\_\_  
**TOTAL TAXES** \_\_\_\_\_

FICA & Medicare - Client \_\_\_\_\_  
 FICA & Medicare - Spouse \_\_\_\_\_  
**TOTAL FICA AND MEDICARE** \_\_\_\_\_

Life Insurance \_\_\_\_\_  
 Health Insurance \_\_\_\_\_  
 Disability Income Insurance \_\_\_\_\_  
 Auto Insurance \_\_\_\_\_  
 Home Owners Insurance \_\_\_\_\_  
 Other Insurance \_\_\_\_\_  
**TOTAL INSURANCE** \_\_\_\_\_

Gasoline \_\_\_\_\_  
 Car Maintenance and Repair \_\_\_\_\_  
 License \_\_\_\_\_  
 Public Transportation \_\_\_\_\_  
 Parking \_\_\_\_\_  
 Other Transportation \_\_\_\_\_  
 Other \_\_\_\_\_  
**TOTAL TRANSPORTATION** \_\_\_\_\_

Monthly Investments ? \_\_\_\_\_  
 Payroll Deduct./Qualified Plans \_\_\_\_\_  
 Adding to Credit Union? \_\_\_\_\_  
 Adding to Mutual Funds? \_\_\_\_\_  
 Adding to Stocks and Bonds? \_\_\_\_\_  
 Adding to Real Estate? \_\_\_\_\_  
 Adding to Annuities? \_\_\_\_\_  
 Adding to Certificates of Deposit? \_\_\_\_\_  
 IRA & Roth Contributions? \_\_\_\_\_  
 Other Monthly Investments? \_\_\_\_\_  
 Other \_\_\_\_\_  
 Other \_\_\_\_\_  
 Other \_\_\_\_\_  
**TOTAL MONTHLY SAVINGS  
& INVESTMENT** \_\_\_\_\_

Religious Contributions \_\_\_\_\_  
 Charitable Contributions \_\_\_\_\_  
**TOTAL CONTRIBUTIONS** \_\_\_\_\_

Food \_\_\_\_\_  
 Clothing \_\_\_\_\_  
 Doctor & Dentist \_\_\_\_\_  
 Prescription Drugs \_\_\_\_\_  
 Professional Fees \_\_\_\_\_  
 Education Expenses \_\_\_\_\_  
 Day Care \_\_\_\_\_  
 Personal Care \_\_\_\_\_  
 Electricity, Gas, Oil \_\_\_\_\_  
 Telephone \_\_\_\_\_  
 Water & Sewer \_\_\_\_\_  
 Garbage and Pest Control \_\_\_\_\_  
 Home Maintenance & Repair \_\_\_\_\_  
 Pool Maintenance & Repair \_\_\_\_\_  
 Veterinarian & Pet Care \_\_\_\_\_  
 Vacation and Travel \_\_\_\_\_  
 Recreation, Entertain, Hobbies \_\_\_\_\_  
 Veterinarian & Pet Care \_\_\_\_\_  
 Club Dues \_\_\_\_\_  
 Gifts \_\_\_\_\_  
 Other expenses \_\_\_\_\_  
 Other expenses \_\_\_\_\_  
 Other expenses \_\_\_\_\_  
 Other expenses \_\_\_\_\_  
 Other expenses \_\_\_\_\_  
 Other expenses \_\_\_\_\_  
 Other expenses \_\_\_\_\_  
**HOUSEHOLD EXPENSES** \_\_\_\_\_

**TOTAL INCOME** \_\_\_\_\_  
**TOTAL EXPENSES** \_\_\_\_\_  
**DISCRETIONARY INCOME** \_\_\_\_\_

	Value	Owner	Location
Checking Account 1	_____	_____	_____
Checking Account 2	_____	_____	_____
Savings Account 1	_____	_____	_____
Savings Account 2	_____	_____	_____
College Savings Plans	_____	_____	_____
401(k)	_____	_____	_____
401(k) partner	_____	_____	_____
IRA 1	_____	_____	_____
IRA 2	_____	_____	_____
Roth IRA 1	_____	_____	_____
Roth IRA 2	_____	_____	_____
Annuity 1	_____	_____	_____
Annuity 2	_____	_____	_____
Vehicles	_____	_____	_____
Primary Residence	_____	_____	_____
Other Assets	_____	_____	_____

**TOTAL GROSS ASSETS**

	Balance?	Int. Rate	Years Remaining
Mortgage on Primary Residence	_____	_____	_____
2nd Mortgage	_____	_____	_____
Personal Loans	_____	_____	_____
Automobile Loan(s)	_____	_____	_____
Credit Cards Outstanding	_____	_____	_____
Other Loans	_____	_____	_____

**TOTAL LIABILITIES**

	Ins. Company	Face Value	Annual Premium	Cash Value
Life Insurance 1	_____	_____	_____	_____
Life Insurance 2	_____	_____	_____	_____
Disability Ins?	_____	_____	_____	_____
Long Term Care	_____	_____	_____	_____

**RISK MANAGEMENT**

	Yes	No	How Much
Do you have an "Umbrella" Policy?	_____	_____	_____
Do you have a Home Equity Credit Line?	_____	_____	_____

**Benefiting Others / Legacy**

	Yes	No	How Much
Do you provide financial support to family or others?	_____	_____	_____
Do you regularly donate money to church & non-profits?	_____	_____	_____
Do you wish to leave a legacy upon your death?	_____	_____	_____

**Estate Planning Issues**

	Yes	No	Who
Do you have a current will / Personal Rep?	_____	_____	_____
Durable Power of Attorney,	_____	_____	_____
Medical Directive, Living Will?	_____	_____	_____
Revocable Living Trust?	_____	_____	_____
Business Succession Plan?	_____	_____	_____