

# Cash Flow **Worksheet**



Client 1 Name \_\_\_\_\_

Client 2 Name \_\_\_\_\_

## INCOME

## MONTHLY

|                                      |    |
|--------------------------------------|----|
| Client 1's Wages or Salary           | \$ |
| Client 2's Wages or Salary           | \$ |
| Dividends and Interest               | \$ |
| Child Support/Alimony                | \$ |
| Annuities, Pensions, Social Security | \$ |
| Rental Income, Royalties, Fees       | \$ |
| Other: _____                         | \$ |

## TOTAL INCOME

\$ \_\_\_\_\_

## TAXES

## MONTHLY

|                            |    |
|----------------------------|----|
| Federal Income Taxes       | \$ |
| State & Local Income Taxes | \$ |
| FICA/Medicare Taxes        | \$ |
| Real Estate Taxes          | \$ |
| Personal Property          | \$ |
| Other: _____               | \$ |

## TOTAL TAXES

\$ \_\_\_\_\_

## SAVINGS

## MONTHLY

|                                |    |
|--------------------------------|----|
| Savings Accounts/Money Markets | \$ |
| Taxable Investment Accounts    | \$ |
| Traditional IRA                | \$ |
| Roth IRA                       | \$ |
| 401(k)/403(b)/457(b)           | \$ |
| Health Savings Account (HSA)   | \$ |
| 529 Plan/UTMA/UGMA             | \$ |
| Other: _____                   | \$ |

## TOTAL SAVINGS

\$ \_\_\_\_\_

| LIVING EXPENSES                                 | MONTHLY |
|---|---------|
| Rent or Mortgage Payments                       | \$      |
| Groceries                                       | \$      |
| Clothing  | \$      |
| Utilities                                       | \$      |
| Phone/Cable/Internet                            | \$      |
| Dining Out                                      | \$      |
| Furniture and Other Durable Goods               | \$      |
| Personal Care (i.e., hair, nails, dry cleaners) | \$      |
| Recreation, Entertainment, Vacation             | \$      |
| Gasoline  | \$      |
| Car Payments                                    | \$      |
| Car Repairs                                     | \$      |
| Auto Insurance Premiums                         | \$      |
| Financial and Legal Services                    | \$      |
| Doctor Bills                                    | \$      |
| Interest  | \$      |
| Household maintenance                           | \$      |
| Tuition/Day Care                                | \$      |
| Life/Disability Insurance Premiums              | \$      |
| Health Insurance Premiums                       | \$      |
| Gifts/Charitable Donations                      | \$      |
| Other: _____                                    | \$      |

TOTAL LIVING EXPENSES \$ \_\_\_\_\_

| CREDIT CARDS/OTHER DEBTS | MONTHLY |
|--------------------------|---------|
| Credit Card #1           | \$      |
| Credit Card #2           | \$      |
| Student Loans            | \$      |
| Other: _____             | \$      |

TOTAL DEBT PAYMENTS \$ \_\_\_\_\_

STIFEL