SAMPLE CASH FLOW WORKSHEET

SOURCES OF CASH

	Monthly	Annual
Net Income		
Income Tax Return		
Total Income		

USE OF CASH:

	Monthly	Annual
FOOD:		
Groceries		
Outside Meals		
HOUSING:		
Rent		
Electric		
Telephone: Cell		
Telephone: Landline		
Internet / Cable		
Other		
Other		
CLOTHING		
Apparel & Misc		
Dry Cleaning		
INSURANCE		
Renters		
Auto		
Life Insurance		
Disability		
LTC		
AUTOMOBILE		
Gasoline		
Maintenance		
Parking		
INSTALLMENT PAY		
Creditors w/o St.Loans		
MEDICAL		
Doctor/Dentist		
Prescriptions		
Child Care		
Animal Care		
Recreation		
Clubs: Athletic		
Haircuts		
Gifts		
Entertainment		
Vacation(s)		
Contributions		
Misc. Spending		
FIXED EXPENSES*		
REMAINING EXPENSES		
TOTAL EXPENDITURES		
SURPLUS (DEFICIT)		

Current Pay Stub		Income #1		Income #2		Total
		Salary	Other	Salary	Other	Gross
Gross Income						
Annual						
Monthly						
Federal Tax						
State Tax						
FICA	6.200%					
FICA/Med	1.450%					
Subtotal						
Health Insurance						
F.S.A / H.S.A						
Group Life Insurance						
Long-Term Disability Ins						
403(b)						
Parking						
NET INCOME:						
Monthly						

CREDITORS Company Name	Purpose	Notes	Payment	Account Balance
	Mortgage			
	Auto			
	Auto			
	Credit Card			
	Credit Card			
	St. Loan			
	St. Loan			
Total Liabilities				

INSURANCE Company Name	Type	Amount	Insured	Annual Payment
	Home			
	Auto			
	Umbrella			
	Life			
	Life			
	Disability			
	Disability			
	LTC			

Monthly Deposits	SAVINGS/INVESTMENTS Company	Type	Owner	Account Balance
		Checking		
		Money Mkt		
		403 (b)		
		401 (k)		
		IRA		
0	**Liquid Net Worth**			

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