

Your Financial House

Wishes

Charitable Giving, Gifts to Heirs

Likes

Vacation Home, Boat,
Recreational Activities

Wants

Extras:

Travel, Hobbies and Entertainment

Needs

Basic Necessities of Life (Food, Shelter, Clothing)
Life Insurance, Long-Term Care, Disability Insurance

The Cash-Flow Worksheet

[This page is a summary of the following pages. Do not enter numbers on this page.]

INCOME	Monthly Amount	Annual Amount	Notes
Compensation-1 Compensation-2 Additional Income Sources Total Income			
EXPENSES	Monthly Amount	Annual Amount	Notes
Needs			Annual Sub-Category Totals:
Personal Residence			
Food			
Clothing/Accessories			
Transportation			
Non- Property Insurance			
Investments			
Professional Fees			
Revolving Debt Service			
Taxes			
Monetary Gifts			
Wants			Annual Sub-Category Totals:
Travel			
Hobbies/Entertainment			
Pets			
Personal Care			
Likes			Annual Sub-Category Totals:
Vacation Homes			
Watercraft			
Recreation/Hobbies			
Education			
Wishes			Annual Sub-Category Totals:
Heirs			
Charities/Institutions			
Gifts to Trusts			
Other			
Total Expenses			
Total Estimated Cash Flow			

The Cash-Flow Worksheet

Income Sources

[Enter monthly income amounts and any applicable notes. Annual numbers and totals will calculate automatically.]

INCOME SOURCES	Monthly Amount	Annual Amount	Notes
Compensation-1			Annual Sub-Category Totals: \$ <input type="text"/>
Salary	\$ <input type="text"/>	\$ <input type="text"/>	
Bonus	\$ <input type="text"/>	\$ <input type="text"/>	
Social Security	\$ <input type="text"/>	\$ <input type="text"/>	
Pension	\$ <input type="text"/>	\$ <input type="text"/>	
Deferred Compensation	\$ <input type="text"/>	\$ <input type="text"/>	
Compensation-2			Annual Sub-Category Totals: \$ <input type="text"/>
Salary	\$ <input type="text"/>	\$ <input type="text"/>	
Bonus	\$ <input type="text"/>	\$ <input type="text"/>	
Social Security	\$ <input type="text"/>	\$ <input type="text"/>	
Pension	\$ <input type="text"/>	\$ <input type="text"/>	
Deferred Compensation	\$ <input type="text"/>	\$ <input type="text"/>	
Additional Income Sources			Annual Sub-Category Totals: \$ <input type="text"/>
Rental Income	\$ <input type="text"/>	\$ <input type="text"/>	
Rental Income 2	\$ <input type="text"/>	\$ <input type="text"/>	
Receivable Royalties	\$ <input type="text"/>	\$ <input type="text"/>	
Investment Income	\$ <input type="text"/>	\$ <input type="text"/>	
Investment Income 2	\$ <input type="text"/>	\$ <input type="text"/>	
Other <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	
Other <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	
Other <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	
Miscellaneous	\$ <input type="text"/>	\$ <input type="text"/>	
Total Income	\$ <input type="text"/>	\$ <input type="text"/>	

Check this box when you're ready to calculate:

The Cash-Flow Worksheet

Needs

[Enter monthly cash-flow expenses in the following categories and any applicable notes.]

NEEDS	Monthly Amount	Annual Amount	Notes
Personal Residence			Annual Sub-Category Totals: \$ <input type="text"/>
Mortgage	\$ <input type="text"/>	\$ <input type="text"/>	
Taxes	\$ <input type="text"/>	\$ <input type="text"/>	
Home Owners Insurance	\$ <input type="text"/>	\$ <input type="text"/>	
Umbrella Insurance	\$ <input type="text"/>	\$ <input type="text"/>	
Association Fees	\$ <input type="text"/>	\$ <input type="text"/>	
Maintenance/Repairs	\$ <input type="text"/>	\$ <input type="text"/>	
Telephone/Fax	\$ <input type="text"/>	\$ <input type="text"/>	
Internet	\$ <input type="text"/>	\$ <input type="text"/>	
Cable	\$ <input type="text"/>	\$ <input type="text"/>	
Electricity	\$ <input type="text"/>	\$ <input type="text"/>	
Natural Gas	\$ <input type="text"/>	\$ <input type="text"/>	
Firewood	\$ <input type="text"/>	\$ <input type="text"/>	
Heating Oil & Other Fuels	\$ <input type="text"/>	\$ <input type="text"/>	
Water & Other Public Services	\$ <input type="text"/>	\$ <input type="text"/>	
Trash	\$ <input type="text"/>	\$ <input type="text"/>	
Lawn/Yard Care	\$ <input type="text"/>	\$ <input type="text"/>	
Alarm System	\$ <input type="text"/>	\$ <input type="text"/>	
Pool/Hot Tub Service	\$ <input type="text"/>	\$ <input type="text"/>	
Pest Control	\$ <input type="text"/>	\$ <input type="text"/>	
Other <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	
Miscellaneous	\$ <input type="text"/>	\$ <input type="text"/>	
Food/Staples			Annual Sub-Category Totals: \$ <input type="text"/>
Groceries	\$ <input type="text"/>	\$ <input type="text"/>	
Supplies	\$ <input type="text"/>	\$ <input type="text"/>	
Personal Hygiene	\$ <input type="text"/>	\$ <input type="text"/>	
Toiletries	\$ <input type="text"/>	\$ <input type="text"/>	
Makeup	\$ <input type="text"/>	\$ <input type="text"/>	
Other <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	
Miscellaneous	\$ <input type="text"/>	\$ <input type="text"/>	
Clothing/Accessories			Annual Sub-Category Totals: \$ <input type="text"/>
New Purchases	\$ <input type="text"/>	\$ <input type="text"/>	
Dry Cleaning	\$ <input type="text"/>	\$ <input type="text"/>	
Other <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	
Other <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	
Other <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	
Miscellaneous	\$ <input type="text"/>	\$ <input type="text"/>	

The Cash-Flow Worksheet

Needs

NEEDS	Monthly Amount	Annual Amount	Notes
Transportation			Annual Sub-Category Totals: \$ <input type="text"/>
Auto Loan/Lease Payment(s)	\$ <input type="text"/>	\$ <input type="text"/>	
Auto Insurance	\$ <input type="text"/>	\$ <input type="text"/>	
Fuel	\$ <input type="text"/>	\$ <input type="text"/>	
Tags/Registration	\$ <input type="text"/>	\$ <input type="text"/>	
Maintenance/Repairs	\$ <input type="text"/>	\$ <input type="text"/>	
Emergency Road Service	\$ <input type="text"/>	\$ <input type="text"/>	
Tolls/Parking	\$ <input type="text"/>	\$ <input type="text"/>	
Mass Transit	\$ <input type="text"/>	\$ <input type="text"/>	
Other <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	
Miscellaneous	\$ <input type="text"/>	\$ <input type="text"/>	
Non-Property Insurance			Annual Sub-Category Totals: \$ <input type="text"/>
Life	\$ <input type="text"/>	\$ <input type="text"/>	
Long-Term Care	\$ <input type="text"/>	\$ <input type="text"/>	
Disability	\$ <input type="text"/>	\$ <input type="text"/>	
Health	\$ <input type="text"/>	\$ <input type="text"/>	
Dental	\$ <input type="text"/>	\$ <input type="text"/>	
Accidental	\$ <input type="text"/>	\$ <input type="text"/>	
Cancer	\$ <input type="text"/>	\$ <input type="text"/>	
Vision Care	\$ <input type="text"/>	\$ <input type="text"/>	
Prescription	\$ <input type="text"/>	\$ <input type="text"/>	
Medigap	\$ <input type="text"/>	\$ <input type="text"/>	
Other <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	
Miscellaneous	\$ <input type="text"/>	\$ <input type="text"/>	
Investments			Annual Sub-Category Totals: \$ <input type="text"/>
Retirement Plan	\$ <input type="text"/>	\$ <input type="text"/>	
Health Savings Account	\$ <input type="text"/>	\$ <input type="text"/>	
Non-Qualified Savings	\$ <input type="text"/>	\$ <input type="text"/>	
Other <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	
Miscellaneous	\$ <input type="text"/>	\$ <input type="text"/>	
Professional Fees			Annual Sub-Category Totals: \$ <input type="text"/>
CPA/Tax Planning	\$ <input type="text"/>	\$ <input type="text"/>	
Attorney/Legal Services	\$ <input type="text"/>	\$ <input type="text"/>	
Financial Planning	\$ <input type="text"/>	\$ <input type="text"/>	
Other <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	
Miscellaneous	\$ <input type="text"/>	\$ <input type="text"/>	

The Cash-Flow Worksheet

Needs

NEEDS	Monthly Amount	Annual Amount	Notes
Revolving Debt Service Credit Cards Hypo Loans Personal Loans/Notes Payable Bank Loans Other <input type="text"/> Miscellaneous	\$ <input type="text"/> \$ <input type="text"/> \$ <input type="text"/> \$ <input type="text"/> \$ <input type="text"/> \$ <input type="text"/>	\$ <input type="text"/> \$ <input type="text"/> \$ <input type="text"/> \$ <input type="text"/> \$ <input type="text"/> \$ <input type="text"/>	Annual Sub-Category Totals: \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Taxes State Income Taxes Federal Income Taxes Other <input type="text"/> Miscellaneous	\$ <input type="text"/> \$ <input type="text"/> \$ <input type="text"/> \$ <input type="text"/>	\$ <input type="text"/> \$ <input type="text"/> \$ <input type="text"/> \$ <input type="text"/>	Annual Sub-Category Totals: \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Monetary Gifts Family Miscellaneous	\$ <input type="text"/> \$ <input type="text"/>	\$ <input type="text"/> \$ <input type="text"/>	Annual Sub-Category Totals: \$ <input type="text"/> <input type="text"/> <input type="text"/>
Total NEEDS	\$ <input type="text"/>	\$ <input type="text"/>	

Check this box when you're ready to calculate:

The Cash-Flow Worksheet

Wants

[Enter monthly cash-flow expenses in the following categories and any applicable notes.]

WANTS	Monthly Amount	Annual Amount	Notes
Travel			Annual Sub-Category Totals: \$ <input type="text"/>
Airfare	\$ <input type="text"/>	\$ <input type="text"/>	
Hotels	\$ <input type="text"/>	\$ <input type="text"/>	
Rental Cars	\$ <input type="text"/>	\$ <input type="text"/>	
Activities	\$ <input type="text"/>	\$ <input type="text"/>	
Other <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	
Miscellaneous	\$ <input type="text"/>	\$ <input type="text"/>	
Hobbies/Entertainment			Annual Sub-Category Totals: \$ <input type="text"/>
Dining Out	\$ <input type="text"/>	\$ <input type="text"/>	
Club Dues	\$ <input type="text"/>	\$ <input type="text"/>	
Recreation	\$ <input type="text"/>	\$ <input type="text"/>	
Books, Magazines, Periodicals	\$ <input type="text"/>	\$ <input type="text"/>	
Videos	\$ <input type="text"/>	\$ <input type="text"/>	
Gaming	\$ <input type="text"/>	\$ <input type="text"/>	
Movies	\$ <input type="text"/>	\$ <input type="text"/>	
Event Tickets	\$ <input type="text"/>	\$ <input type="text"/>	
Music	\$ <input type="text"/>	\$ <input type="text"/>	
Tobacco	\$ <input type="text"/>	\$ <input type="text"/>	
Gambling (Lottery, Cards, etc)	\$ <input type="text"/>	\$ <input type="text"/>	
Other <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	
Miscellaneous	\$ <input type="text"/>	\$ <input type="text"/>	
Pets			Annual Sub-Category Totals: \$ <input type="text"/>
Pet Food/Treats/Toys	\$ <input type="text"/>	\$ <input type="text"/>	
Veterinarian	\$ <input type="text"/>	\$ <input type="text"/>	
Other <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	
Miscellaneous	\$ <input type="text"/>	\$ <input type="text"/>	
Personal Care			Annual Sub-Category Totals: \$ <input type="text"/>
Massage	\$ <input type="text"/>	\$ <input type="text"/>	
Nails	\$ <input type="text"/>	\$ <input type="text"/>	
Hair	\$ <input type="text"/>	\$ <input type="text"/>	
Other <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	
Miscellaneous	\$ <input type="text"/>	\$ <input type="text"/>	
Total WANTS	\$ <input type="text"/>	\$ <input type="text"/>	

Check this box when you're ready to calculate:

The Cash-Flow Worksheet

Wishes

[Enter monthly cash-flow expenses in the following categories and any applicable notes.]

WISHES	Monthly Amount	Annual Amount	Notes
Heirs			Annual Sub-Category Totals: \$ <input type="text"/>
Monetary Gifts	\$ <input type="text"/>	\$ <input type="text"/>	
Purchased Gifts	\$ <input type="text"/>	\$ <input type="text"/>	
School Supplies/Books	\$ <input type="text"/>	\$ <input type="text"/>	
Tuition Payments	\$ <input type="text"/>	\$ <input type="text"/>	
Room & Board	\$ <input type="text"/>	\$ <input type="text"/>	
Lunch Fees	\$ <input type="text"/>	\$ <input type="text"/>	
School Uniforms	\$ <input type="text"/>	\$ <input type="text"/>	
Extracurricular Activities	\$ <input type="text"/>	\$ <input type="text"/>	
Other <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	
Miscellaneous	\$ <input type="text"/>	\$ <input type="text"/>	
Charities/Institutions			Annual Sub-Category Totals: \$ <input type="text"/>
Monetary Donations	\$ <input type="text"/>	\$ <input type="text"/>	
Tithes	\$ <input type="text"/>	\$ <input type="text"/>	
Other <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	
Miscellaneous	\$ <input type="text"/>	\$ <input type="text"/>	
Gifts to Trusts	\$ <input type="text"/>	\$ <input type="text"/>	Annual Sub-Category Totals: \$ <input type="text"/>
Other	\$ <input type="text"/>	\$ <input type="text"/>	Annual Sub-Category Totals: \$ <input type="text"/>
Total WISHES	\$ <input type="text"/>	\$ <input type="text"/>	

Check this box when you're ready to calculate: