

Cash Flow Statement



Income

Wages and/or Salary	\$	_____
Investment Income	\$	_____
Passive Income	\$	_____
Other	\$	_____
TOTAL INCOME	\$	_____

Housing Expenses

Mortgage/Rent Payment	\$	_____
Utilities	\$	_____
Property Tax	\$	_____
TOTAL HOUSING EXPENSES	\$	_____

Transportation Expenses

Vehicle Loan Payment	\$	_____
Car Maintenance	\$	_____
Auto Tax & Registration	\$	_____
Public Transportation	\$	_____
TOTAL TRANSPORTATION EXPENSES	\$	_____

Medical and Health Expenses

Medical Bills	\$	_____
Pharmacy Costs	\$	_____
Vitamins/Supplements	\$	_____
Health Club Membership	\$	_____
Other	\$	_____
TOTAL HEALTH EXPENSES	\$	_____

Food Expenses

Groceries		_____
Dining out		_____
TOTAL FOOD EXPENSES	\$	_____

Personal Expenses

Clothing	\$	_____
Toiletries	\$	_____
Books/Supplies	\$	_____
Haircuts	\$	_____
Gifts	\$	_____
Pet Supplies	\$	_____
Education	\$	_____
Vacation	\$	_____
Entertainment	\$	_____
Spending Money	\$	_____
TOTAL PERSONAL EXPENSES	\$	_____

Insurance

Health Insurance	\$	_____
Disability Insurance	\$	_____
Auto Insurance	\$	_____
Home/Renter Insurance		_____
Life Insurance	\$	_____
Long-term Care Insurance	\$	_____
TOTAL INSURANCE EXPENSES	\$	_____

Other Debts

Student Loans	\$	_____
Medical Debts	\$	_____
Credit Card Balances	\$	_____
TOTAL DEBTS	\$	_____

Savings

Emergency Fund	\$	_____
Retirement Savings	\$	_____
College Savings	\$	_____
TOTAL SAVINGS	\$	_____
NET CASH FLOW (INCOME - EXPENSES)	\$	_____