

Name: _____
Statement of Cash Flow Worksheet
 As Of _____

Income		
	Monthly	Annually
Wages, salary, tips		
Dividends, interest		
Net business income		
Social Security income		
Pension income		
Rents, royalties		
Other income		
Total Monthly Income		

Fixed Expenses		
	Monthly	Annually
Mortgage payment or rent		
2nd home mortgage		
Automobile note		
Personal loans		
Credit cards		
Life insurance		
Disability insurance		
Medical insurance		
Long-term care insurance		
Homeowner's insurance		
Automobile insurance		
Umbrella liability insurance		
Federal income taxes		
State income taxes		
FICA		
Real estate taxes		
Other taxes		
Savings (regularly)		
Investments (regularly)		
Retirement Plan Contribution		
Total Fixed Expenses		

Variable Expenses		
	Monthly	Annually
Electricity		
Gas		
Telephone		
Water		
Cable TV		
Home repairs and maintenance		
Home improvements		
Food		
Clothing		
Laundry		
Child care		
Personal care		
Automobile gas & oil		
Automobile repairs, etc.		
Other transportation		
Education expenses		
Entertainment/dining		
Recreation/travel		
Club/association dues		
Hobbies		
Gifts / Donations		
Unreimbursed medical, and dental expenses		
Miscellaneous		
Total Variable Expenses		

Net Cash Flow		
	Monthly	Annually
Total monthly income		
Total fixed expenses		
Total variable expenses		
Discretionary Income (Income - Expenses)		