

Date			
Name_			

PERSONAL CASH FLOW WORKSHEET

Record each expense on either a monthly or annual basis.

Approximate monthly amount available to fund and protect your goals:_____

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Money in	Monthly	Annually
Income (gross) (net)		
Dividends, interest, capital gains		
Social Security		
Pension		
Other income		

TOTAL ANNUAL MONEY IN

SHARE

	Monthly	Annually
Church		
Charitable Contributions		

TOTAL ANNUAL CONTRIBUTIONS

SAVE

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	Mo	onthly	Annually
Emergency Savings			
Retirement Savings			
Other Savings			
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TOTAL ANNUAL SAVINGS:

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Monthly	Annually
	Monthly

TOTAL ANNUAL HOUSING AND MAINTENANCE:

Transportation	Monthly	Annually
Loan/lease payments		
Auto insurance premiums		
Auto registrations/taxes		
Gas/maintenance		
Public transportation		

TOTAL ANNUAL TRANSPORTATION:

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Healthcare	Monthly	Annually
Medical Insurance premiums (e.g. payroll		
deductions)		
Health Savings Account (HSA), Flexible Spending		
Account (FSA)		
Co-Pay/Out-of-Pocket		
Prescriptions		
Other income		

TOTAL ANNUAL MEDICAL

Other Expenses	Monthly	Annually
Income Taxes (paid prior year) Federal		
State	:	
Student loan payments		
Credit card payments		
Insurance Premiums		
Food/Groceries		
Phone/Television/Internet		
Children (e.g. daycare, support, activities)		
Clothing/Personal care		
Education		
Financial planning/Legal/Tax accounting fees		
Pets		
Vacation/Travel		
Gifts/Holidays		
Other:		

TOTAL ANNUAL	OTHER EXPENSES	

TOTAL MONEY IN - MONEY OUT _____