



101 Main Street, PO Box 324, New Paltz, NY 12561 T: 845 750-6213 F: 866 456-1451

## Cash Flow Questionnaire

Please complete what you can of this work sheet. **This is not a budget**, therefore please do not add up the categories. At this point in the process, we are seeking to identify the areas you spend money in. This worksheet represents an estimate of the amounts **you think** you spend. This is just the beginning of the process, and together we will clarify your actual spending. Perfection is the enemy of progress.

### Gross Income:

Owner/Income Source:	Annual Amount:

Notes on Employment:

### Rental Income:

1.) Do you own a rental property?

Property and School Taxes	
Upkeep of Property	
Insurance	
Other Expenses	

Notes:

**Expenses:**

**Bills and Utilities – Primary Residence**

**Annual**

Heat and Electric	
Garbage and Recycling	
Phone, Internet, and Cable	
Sewer	
Water	
Rent	
Other	

Notes:

**Auto and Transport**

**Car 1**

**Annual**

**Car 2**

Auto Payment		
Auto Service/Maintenance		
Gas and Fuel		
Other		
Other		

Notes:

**Entertainment**

**Annual**

Concerts and Events	
Museums and Activities	
Movie and Music Streaming	
Other	

Notes:

**Food**

**Annual**

Alcohol and Bars	
Fast Food and Convenience	
Groceries	
Restaurant and Dining	
Other	
Other	

Notes:

**Gifts or Charitable Donations**

**Annual**

Religious Organizations	
Non-Profit Organizations	
Gifts (To family, friends, etc.)	
Other	

Notes:

**Health and Fitness**

**Annual**

Gym	
Hair and Nails	
Spa, Massage, and Personal Care	
Other	

Notes:

**Primary Home**

**Annual**

Furniture and Home Décor	
Household Services (House Keeping, Snow removal, etc)	
Home Repair and Maintenance	
Property and School Tax	
Upkeep of Property	
Insurance	
Other Expenses:	

Notes: Any major upcoming repairs to your home?

**Second Home:**

**1.) Expenses:**

Furniture and Home Décor	
Household Services (House Keeping, Snow removal, etc)	
Home Repair and Maintenance	
Property and School Tax	
Upkeep of Property	
Insurance	
Other Expenses:	

Notes:

**Children****Annual**

Baby Supplies	
Childcare and Daycare	
Children Clothing	
Activities/Sports/Lessons	
Medical	
Summer Camp	
Other	

Notes:

**Medical****Annual**

Dentist	
Doctor	
Pharmacy/Copay	
Glasses	
Other	

Notes:

**Pets****Annual**

Pet Food	
Grooming	
Veterinary	
Other	

Notes:

**Shopping****Annual**

Books	
Clothing	
Electronics and Software	
Sports and Hobbies	
Online Shopping (Such as Amazon, Walmart, etc.)	
Other	

Notes:

**Travel and Vacation**

**Annual**

Air Travel	
Hotel/Rental/AirBnB	
Rental Car	
Other	

Notes:

**Savings:**

**Employer plan**

Your Salary Deferral:	Annual	Employer Contribution

**Other Annual Savings:**

**College Accounts (UTMA, 529)**

**IRAs (Roth, Traditional, SEP, etc)**

**Is there an amount you actively put into your savings account as an emergency fund?**