



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

CASH FLOW WORKSHEET

INCOME

Client Name	Type	Annual Amount
	(W2, 1099, Self Employed, Pension, Social Security)	
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you have a rental property?

YES

NO

NOTES:

EXPENSES

If you're saving a regular amount into any of the following please list what you try to do:

	<u>Monthly</u>	<u>Annual</u>
Savings	_____	_____
Retirement Accounts	_____	_____
College Accounts	_____	_____

NOTES:

Housing

	<u>Monthly</u>	<u>Annual</u>
Mortgage		
Does this include escrow?		
YES <input type="checkbox"/> NO <input type="checkbox"/>	_____	_____
Rent	_____	_____
Property & School Taxes	_____	_____
Home Owner's Insurance	_____	_____
Cell Phone	_____	_____
Landline	_____	_____
Internet	_____	_____
Cable TV / Streaming Subscriptions	_____	_____
Utilities		
Electric	_____	_____
Heat	_____	_____

Housing Cont.

Monthly

Annual

Gas/Water/Sewer

Housekeeping / Landscaping /
Snow Removal / Home Repairs

Security System

Home Equity Loan / Line of Credit

Are you planning on making any
renovations or large maintenance
repairs in the upcoming three years?

NOTES:

Shopping

Monthly

Annual

Groceries

Clothing

Home Goods

Online

Other

Other

NOTES:

Transportation

Monthly

Annual

Car or Lease Payment #1 _____

Make: _____ Model: _____ Current Mileage: _____

Car or Lease Payment #2 _____

Make: _____ Model: _____ Current Mileage: _____

Auto Insurance _____

Gasoline (Per Person) _____

Maintenance _____

Parking & Tolls _____

Commuting Expenses _____

Other _____

Other _____

NOTES:

Wellness & Personal Care

Monthly

Annual

Hair Salon / Barber Shop _____

Gym / Spa Fees / Club Dues _____

Sports / Wellness Classes _____

NOTES:

Medical ExpensesMonthlyAnnual

Insurance Premiums

Co-payments / Deductibles

Medications / Vitamin Supplements

Glasses / Contact Lenses

Dental

Do you pay for any of these expenses through a Health Savings Account?

YES NO

Do you pay for any of these expenses through a Flexible Spending Account?

YES NO NOTES:**Entertainment**MonthlyAnnual

Dining Out

Movies / On Demand Rentals

Concerts

Other

NOTES:

Vacations & Holidays

Monthly

Annual

Vacations

Travel

Gifts – Birthday, Anniversary, Holiday

NOTES:

Pets

Monthly

Annual

NOTES:

Charitable Contributions

Monthly

Annual

Religious Organizations

Other Non-Profit Organizations

NOTES:

Other

Monthly

Annual

NOTES:

Debt / Installment Payments

Monthly

Annual

Do you have credit card balances?

YES NO

What is your approximate total minimum payment?

Do you pay more than the minimum, if yes what amount?

Note: Statements will be collected at a later time.

Store Credit Card(s)

Personal / Promissory Note(s)

Student Loan Payment(s)

NOTES:

DEPENDENT RELATED EXPENSES

	<u>Monthly</u>	<u>Annual</u>
Childcare		
Day Care	_____	_____
Sitters	_____	_____
	_____	_____
	_____	_____
Sports	_____	_____
Lessons	_____	_____
	_____	_____
	_____	_____
Tutors	_____	_____
Summer Camp	_____	_____
Private School	_____	_____
School Expenses	_____	_____
Clothing	_____	_____

Do you pay for childcare through a Flexible Spending Account?

YES NO

NOTES: