



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 Expenses**

Monthly

Annual

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**

Monthly

Annual

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: