CLIENT and SPOUSE

Cash Flow Statement

Inflows

Salary		Amount	Notes
CLIENT	Base/Salary/Draw		
	Bonus		
	Pension Income		
SPOUSE	Base/Salary/Draw		
	Bonus		
	Pension Income		
	Other		

Outflows

Salary Deductions (Expenses)		Amount	Notes
CLIENT	Medical Insurance		
	Group Life		
	Group Disability		
	Group Dental/Vision		
	Other		
SPOUSE	Medical Insurance		
	Group Life		
	Group Disability		
	Group Dental/Vision		
	Other		

Living Expenses	Amount	Notes
Groceries		
Childcare		
Child Support/Alimony		
Clothing		
Education/School		
Medical/Prescriptions		
Household		

Housing	Amount	Notes/Loan Terms	Balance
Home Mortgage - P & I			
Second Mortgage - P & I			
Property Taxes			
Homeowners Insurance			
Personal Umbrella Policy			
Maid/Housekeeping			
Lawn Maintenance			
Pool Maintenance			
Home Improvement			
Cable TV			
Utilities			
Telephone			
Cellular Telephone			
Security System			

Outflows – Continued

	Personal Insurance	Amount	Notes	
CLIENT	Life Insurance			
	Disability Insurance			
	LTC Insurance			
	Individual Medical			
SPOUSE	Life Insurance			
	Disability Insurance			
	LTC Insurance			
	Individual Medical			
	Other			
	Transportation	**Amount**	**Notes**	**Balance**
CLIENT	Auto Loan/Lease			
SPOUSE	Auto Loan/Lease			
	Loan/Lease – Other (boat, motorcycle)			
	Fuel			
	Repairs & Maintenance			
	Auto Insurance			
	Insurance – Other (boat, motorcycle)			
	Finance Payments	**Amount**	**Notes/Loan Terms**	**Balance**
	Revolving Credit/Credit Cards			
	Student Loan			
	Business Loan			
	Other Debt			
	Savings/Investments	**Amount**	**Notes**	
CLIENT	401(k)/Retirement			
	Employer Savings Plan			
SPOUSE	401(k)/Retirement			
	Employer Savings Plan			
	Other Investments			
	Discretionary	**Amount**	**Notes**	
	Charitable Donations			
	Personal Care/Grooming			
	Memberships/Dues			
	Dining Out			
	Gifts			
	Pet Care			
	Entertainment			
	Vacation			
	Furniture			
	Attorney Fees			
	Financial Planning Fees			
	Accounting Fees			
	Other			