Cash Flow Sheet

Date:_____

Taxable Income

Salary	$
Bonus	$
Dividends	$
Interest	$
Proceeds from Securities	$
Rental Income	$
Trust Income	$
Social Security	$
Pension	$
Alimony	$
Child Support	$
Unemployment, Disability Insur-	$
Other Taxable Income	$

Total Taxable Income $_____

Non-Taxable Income

Name:	$
Name:	$
Name:	$

Total Non– Taxable Income $_____

Total Income $_____

Fixed Expenses

Mortgage/ Rent	$
Gas/ Electricity	$
Telephone	$
Water	$
Garbage	$
Real Estate Tax	$
Home Owners Insurance Premium	$
Automobile Insurance Premium	$
Medical/ Disability Insurance Premium	$
Life Insurance Premium	$
Automobile Loan	$
Loans	$
Other	$

Fixed Expenses Income $_____

Flexible Expenses

Food/ Beverage	$
Clothing	$
Laundry/ Cleaning	$
Personal Care	$
Credit Cards	$
Entertainment/ Recreation	$
Travel/ Vacations	$
Gifts/ Donations	$
Health Care (Doctors, Medicine)	$
Child Care	$
Savings/ Investments	$
Retirement Savings	$
Personal Allowance	$
Gasoline/ Transportation	$
Other	$

Total Flexible Expenses $_____

Tax Expenses

Federal Income Tax	$
State Income Tax	$
FICA/ Medicare/ OASDI	$
Self– Employment	$

Total Tax Expenses_____ $_____

Total Expenses $_____