

Grace Financial Services

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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 \$

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