



Cash Flow Instructions

Do not include payroll deductions

Please fill in the monthly or annual column

List the amount you will spend this year

Enter expenses monthly or annually-no payroll deductions

Housing	Monthly	Annually	Percentage
Mortgage/Rent			
Property Taxes			
Property or Renters Insurance			
Home Association Dues			
Utilities (gas/electric/waste/water)			
Phone/TV Cable/Netflix, etc.			
Maintenance, Cleaning Service			
Subtotals	\$0.00	\$0.00	#DIV/0!

Food/Entertainment	Monthly	Annually	Percentage
Groceries			
Dining Out			
Activities			
Memberships			
Subtotals	\$0.00	\$0.00	#DIV/0!

Transportation	Monthly	Annually	Percentage
Auto Loan 1			
Auto Loan 2			
Auto Insurance			
Registration			
Parking & Tolls			
Gas/Maintenance			
Subtotals	\$0.00	\$0.00	#DIV/0!

Medical (not covered by insurance)	Monthly	Annually	Percentage
Doctor			
Prescriptions			
Dental/Vision			
Other			
Subtotals	\$0.00	\$0.00	#DIV/0!

Insurance (not deducted from paycheck)	Monthly	Annually	Percentage
Health Insurance			
Long Term Care			
Life Insurance			
Disability Insurance			
Subtotals	\$0.00	\$0.00	#DIV/0!

Self-Care	Monthly	Annually	Percentage
Clothing			
Dry Cleaning			
Fitness Classes/Gym Membership			
Hair/Salon			
Other			
Subtotals	\$0.00	\$0.00	#DIV/0!

Dependent Care	Monthly	Annually	Percentage
Pet Care			
Child Care			
Child Activities & Lunch Money			
Summer Programs			
Other			
Subtotals	\$0.00	\$0.00	#DIV/0!

Charity/Giving	Monthly	Annually	Percentage
Church			
Birthdays			
Christmas/Holidays			
Other			
Subtotals	\$0.00	\$0.00	#DIV/0!

Other Expenses (fill in)	Monthly	Annually	Percentage
Vacation			
Subtotals	\$0.00	\$0.00	#DIV/0!

GRAND TOTALS	\$0.00	\$0.00	#DIV/0!
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