

Cash Flow Analysis

Date: _____

INCOME	Monthly Amount
Net take home wages – self	
Net take home wages – spouse	
Interest income	
Dividends	
Social Security benefits	
Other retirement income	
Other income:	
Total Monthly Income	
EXPENSES	
Mortgage/Rent	
Groceries	
Utilities: electricity, gas, water, telephone, etc.	
Vehicles / transportation payments	
Gas & Oil, vehicle repairs/maintenance	
Medical: doctors, dentist, prescriptions	
Insurance – home/renters	
Insurance –vehicles	
Property taxes	
Home repairs/maintenance	
Dining out	
Entertainment	
Child care	
Clothing	
Personal care	
Travel	
Subscriptions: paper, Internet, other	
Pets	
Gifts	
Other taxes	
Other:	
Total Monthly Expenses	
Net Cash Flow (Income – Expenses)	