

Cash Flow Analysis



This form can help you compare your income to your expenses to determine your net cash flow..

Client's Name: _____			Date: _____		
HOUSING Monthly or Annual			CLOTHING Monthly or Annual		
Mortgage	_____	_____	Client #1	_____	_____
Condo Fees / Association Fees	_____	_____	Client #2	_____	_____
Electricity / Gas	_____	_____	Children	_____	_____
Water	_____	_____	Total	\$ -	\$ -
Garbage Removal	_____	_____	FURNISHINGS Monthly or Annual		
Telephone / PC	_____	_____	Inside/ Outside	_____	_____
Cable / Satellite TV / Internet	_____	_____	Total	\$ -	\$ -
Security System	_____	_____	PERSONAL CARE & CASH Monthly or Annual		
Pool Service	_____	_____	Dry Cleaning	_____	_____
Lawn Service	_____	_____	Hair/ Nails/ Facials	_____	_____
Maid Service	_____	_____	Cosmetics/ Shoe Shine	_____	_____
Maintenance / Improvements	_____	_____	Massage	_____	_____
Property Taxes	_____	_____	Health Club	_____	_____
Pest/ Bug Service	_____	_____	Other	_____	_____
Home Owners Insurance	_____	_____	Total	\$ -	\$ -
Other	_____	_____	VACATIONS & HOLIDAY Monthly or Annual		
Total	\$ -	\$ -	Travel Tickets	_____	_____
CHILD CARE Monthly or Annual			CHARITABLE CONTRIBUTIONS Monthly or Annual		
Support Payments	_____	_____	Favorite Charity	_____	_____
Daycare / Education	_____	_____	Cash Donations	_____	_____
Sports Activities	_____	_____	Other	_____	_____
Other	_____	_____	Total	\$ -	\$ -
Total	\$ -	\$ -	GIFTS Monthly or Annual		
TRANSPORTATION Monthly or Annual			EDUCATION SELF IMPROVEMENT Monthly or Annual		
Loan/ Lease Payment #1	_____	_____	Private School / College	_____	_____
Loan/ Lease Payment #2	_____	_____	Classes/ Books / Paper	_____	_____
Loan/ Lease Payment #3	_____	_____	Association Fees / Subscriptions	_____	_____
Gasoline	_____	_____	Hobbies	_____	_____
Maintenance/Improvements	_____	_____	Other	_____	_____
Registration / Inspection/ Excise Tax	_____	_____	Total	\$ -	\$ -
Other	_____	_____	INSTALLMENT DEBT PAYMENTS Monthly or Annual		
Total	\$ -	\$ -	Student Loans	_____	_____
GROCERIES Monthly or Annual			Credit Cards	_____	_____
Food/ Beverages	_____	_____	Other	_____	_____
Household supplies	_____	_____	Total	\$ -	\$ -
Other	_____	_____	PROFESSIONAL SERVICES Monthly or Annual		
Other	_____	_____	Financial Planner	_____	_____
Total	\$ -	\$ -	Accountant	_____	_____
ENTERTAINMENT Monthly or Annual			Other	_____	_____
Dining Out	_____	_____	Total	\$ -	\$ -
Sports Tickets	_____	_____	MISCELLANEOUS Monthly or Annual		
Theater Tickets	_____	_____	Support / Alimony	_____	_____
Recreation/ Hobbies	_____	_____	Other	_____	_____
Movies/ Videos	_____	_____	Other	_____	_____
Club Membership Fees	_____	_____	Total	\$ -	\$ -
Other	_____	_____	Grand Total \$ - \$ -		
Total	\$ -	\$ -			

Securities and Financial Planning offered through LPL Financial.

A Registered Investment Advisor, Member FINRA/SIPC