

Where Does Your Money Really Go?

One of the most important parts of getting your financial life together is having a solid grasp on exactly what your current cash flow is. To do this, use the worksheet below.

NAME: _____

First, determine how much you earn...

YOUR INCOME:

Salary/ Wages	\$ _____	Social Security Benefits	\$ _____
Spouse's Salary/ Wages	\$ _____	Pension	\$ _____
Interest / Dividends	\$ _____	Property Income	\$ _____
Capital Gains	\$ _____	Profit Sharing	\$ _____
Bonuses	\$ _____	Other: _____	\$ _____
Alimony /Child Support	\$ _____		\$ _____
TOTAL MONTHLY INCOME:		\$ _____	

Second, determine what you spend...

YOUR MONTHLY EXPENSES:

TAXES

Federal Income Taxes	\$ _____	FICA (Social Security Taxes)	\$ _____
State Income Taxes	\$ _____	Property Taxes	\$ _____
TOTAL TAXES:		\$ _____	

HOUSING

Mortgage payments or rent on residence(s)	\$ _____	Utilities	\$ _____
Mortgage payments on rental or income property	\$ _____	Television cable	\$ _____
Homeowners or renter's insurance	\$ _____	Home/Cell phones	\$ _____
Repairs or home maintenance	\$ _____	Furnishing	\$ _____
Condo or Association dues	\$ _____		\$ _____
Housing Services (pool, lawn, etc.)	\$ _____		\$ _____
TOTAL HOUSING:		\$ _____	

AUTO

Car loan or lease	\$ _____	Parking	\$ _____
Gas	\$ _____	Repairs or service	\$ _____
Car Insurance	\$ _____		\$ _____
TOTAL AUTO:		\$ _____	

INSURANCE

Life Insurance	\$ _____	Long Term Care Insurance	\$ _____
Disability Insurance	\$ _____	Liability Insurance	\$ _____
Health Insurance	\$ _____		\$ _____
TOTAL INSURANCE:		\$ _____	

FOOD
 Groceries \$ _____ **Food outside of home** \$ _____
TOTAL FOOD: \$ _____

PERSONAL CARE:
 Clothing \$ _____ **Entertainment** \$ _____
 Cleaning/ Dry-cleaning \$ _____ **Vacations** \$ _____
 Cosmetics \$ _____ **Hobbies** \$ _____
 Health Club dues \$ _____ **Magazines** \$ _____
 Association dues \$ _____ **Other:** _____ \$ _____
 Gifts \$ _____
 Child care \$ _____
 Education \$ _____
TOTAL PERSONAL CARE: \$ _____

MEDICAL
 Doctor /Dentist expenses \$ _____ **Durable Medical Equipment** \$ _____
 Prescriptions \$ _____
TOTAL MEDICAL: \$ _____

INVESTMENTS
 Company Retirement \$ _____ **Child Savings Plan** \$ _____
 Individual Retirement \$ _____
 Non-Retirement \$ _____
TOTAL INVESTMENTS: \$ _____

MISCELLANEOUS
 Credit Card expenses \$ _____ **Pet Care** \$ _____
 Loan payments \$ _____
 Alimony / Child support \$ _____
TOTAL MISCELLANEOUS: \$ _____

Third, determine your net cash flow...

YOUR MONTHLY NET CASH FLOW:

Total Monthly Income _____
 - Minus _____
 Total Taxes _____
 Total Housing _____
 Total Auto _____
 Total Insurance _____
 Total Food _____
 Total Personal Care _____
 Total Medical _____
 Total Investments _____
 Total Miscellaneous _____
TOTAL NET CASH FLOW _____