



CASH FLOW & INVENTORY WORKSHEET

Client Name(s) _____

Monthly Income	Client 1	Client 2
Earned Income (pre-tax income: before taxes are withheld or paid)	\$	\$
Other income (income not subject to FICA tax)	\$	\$
	\$	\$
Total	\$	

Financial Commitments & Living Expenses	Monthly Amount
Property Taxes or Rent	\$
Transportation (gas, maintenance, Uber, etc)	\$
Homeowner/Renter Insurance	\$
Health Insurance (not through employer)	\$
Auto Insurance	\$
Charitable contributions	\$
Home repairs/maintenance	\$
Utilities (gas & electric)	\$
Utilities (water & garbage)	\$
Telephone/Cell phone	\$
Groceries	\$
Clothing	\$
Medical	\$
Entertainment/Dining out	\$
Child care	\$
Current tuition costs	\$
Other _____	\$
Other _____	\$
Other _____	\$
Total	\$

Total annual income	\$
Total liabilities	\$
Surplus/Shortage	\$