

NAVIGATE FINANCIAL PLANNING

Cash Flow Worksheet

Client Signature: _____

Date: _____

Expenses

Amount

Monthly Annually Comments

	Monthly	Annually	Comments
Retirement Savings (IRA, 401(k), TSA, etc.)			
Income Taxes			
Federal			
State			
Local			
Medicare			
Soc. Security or State Ret.			
Property Taxes			
Residence Mortgage			
Homeowners & other Insurance			
Life Insurance			
Auto Insurance			
Charitable Contributions			
New Car Escrow			
Education Savings			
Child Care Expenses			
Basic Living Expenses [Note 1]			

TOTAL EXPENSES

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Note 1: Basic Living Expenses are all other expenses , assuming that you spend all your income.