

WESTCHESTER COUNTY:
 26 South Greeley Ave
 Chappaqua, NY 10514
 Tel: 914-238-8900 | Fax: 914-238-8901

NEW YORK CITY:
 295 Madison Ave, 12th Floor
 New York, NY 10017
 Tel: 212-239-7777 | Fax: 914-238-89001

Date: _____

Name(s) _____

CASH FLOW STATEMENT

INCOME

Employment Income

Salary/Wages		
Self-Employment		
Bonus		

Investment Income

Interest/Dividends		
Non-Taxable Int/Dividends		
Rental Net Income		
Passive Investments		

Other Income

Pension		
Social Security		
Other Taxable Income		
Other Non-taxable Income		

EXPENSES

	Monthly Amount	or	Annual & Variable Amount
Housing			
Mortgage/Rent	_____		_____
Maintenance	_____		_____
Water	_____		_____
Electric	_____		_____
Oil/Gas	_____		_____
Telephone	_____		_____
Cell Phone	_____		_____
Cable/Satellite TV	_____		_____
Internet Service	_____		_____
Garbage/Trash	_____		_____
Homeowner Assn.	_____		_____
Housekeeping	_____		_____
Lawn Care	_____		_____
Laundry	_____		_____
Other	_____		_____
 Vehicle Loans/Lease			
Car 1 _____	_____		_____
Car 2 _____	_____		_____
Car 3 _____	_____		_____
 Transportation			
Car Gas & Oil	_____		_____
Car Maintenance	_____		_____
Tolls/Parking	_____		_____
Public Transportation	_____		_____
 Food			
Groceries	_____		_____
Work/School Lunch	_____		_____
Bottled Water	_____		_____
Pet Food	_____		_____
Liquor/Tobacco	_____		_____
Other	_____		_____
	_____		_____

Personal Care

.

Adults	_____	_____
Children	_____	_____

Monthly Amount or **Annual & Variable Amount**

Clothing

Adults	_____	_____
Children	_____	_____

Medical/Dental

Doctor/Dentist	_____	_____
Prescriptions	_____	_____
Eyeglasses	_____	_____
Other	_____	_____

Child Care

Day Care/Babysitting	_____	_____
Summer Camp	_____	_____
Other	_____	_____

Education

Tuition/School	_____	_____
Classes/lessons	_____	_____
Other	_____	_____
_____	_____	_____

Entertainment

Dining Out	_____	_____
Movies/Theater	_____	_____
Sports	_____	_____
Hobbies	_____	_____
Vacations	_____	_____
Other	_____	_____

Gifts

_____	_____	_____
_____	_____	_____

Monthly Amount or Annual & Variable Amount

Charities

Life Insurance premiums

Policy _____
Policy _____
Policy _____

Other Insurance premiums (do not include employer paid premiums)

Medical _____
Disability _____
Home/Property _____
Automobile _____
Liability _____
Long-Term Care _____
Other _____

Taxes paid for previous year

Federal Income Tax _____
State/Local Inc. Tax _____
Social Security Tax _____
School Taxes _____
Property Tax _____

Miscellaneous expenses

Newspapers/ Mag. _____
Books/Albums _____
Stationary/Postage _____
Membership Dues _____
Tax Preparation _____
Financial Planning _____
Un-reimbursed Exp. _____

Monthly Amount or Annual & Variable Amount

Your Contributions to Long-Term Funding

Emergency Fund	_____	_____
Retirement	_____	_____
Education funding	_____	_____
Wealth building	_____	_____
Other	_____	_____

Your Contributions to Retirement Plans

IRAs	_____	_____
Company ret. plans	_____	_____

Your Contributions to Savings and Investments

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Your Payments on Outstanding Debt (per credit card or loan source)

Debt source	Current balance	Monthly payment
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

TOTALS: MONTHLY _____ or YEARLY _____

TOTAL MONTHLY EXPENDITURES: \$ _____

Please fill out as much information as you can. You can calculate total if you wish.