

Monthly/Annual Spending Plan*

This cash flow analysis will help you identify your sources of income and expenses on a monthly and annual basis.

NOTE: Total and summary fields will auto-calculate based on your entries.

Gross Income	Monthly	Annual
Salary- Self	_____	_____
Salary- Spouse	_____	_____
Housing Allowance	_____	_____
Investment Income	_____	_____
Social Security	_____	_____
Rental Income	_____	_____
Other	_____	_____
Total Gross Income	_____	_____
Expenses		
Donations		
Religious	_____	_____
Charitable	_____	_____
Other Donations	_____	_____
Savings & Investments		
Emergency Funds	_____	_____
Credit Union	_____	_____
Retirement Plans	_____	_____
Stocks, Bonds & Mutual Funds	_____	_____
Real Estate	_____	_____
Annuities	_____	_____
Household Income Taxes		
Federal	_____	_____
State	_____	_____
Local	_____	_____
FICA/Medicare (employee share)	_____	_____
Insurance		
Life	_____	_____
Health (including deductions)	_____	_____
Disability	_____	_____
Auto	_____	_____
Homeowner's	_____	_____
Long Term Care	_____	_____
Other Insurance	_____	_____
Liabilities		
Mortgage/Rent	_____	_____
Home Equity Loans/Lines of Credit	_____	_____
Real Estate Taxes	_____	_____
Automobile Loan(s)	_____	_____
Student Loans - Seminary	_____	_____
Student Loans - Other	_____	_____

	Monthly	Annual
Personal Loan(s)	_____	_____
Other Liabilities	_____	_____
Household		
Food	_____	_____
Clothing	_____	_____
Doctors/Dentists	_____	_____
Prescriptions	_____	_____
Personal Care	_____	_____
Utilities	_____	_____
Telephone	_____	_____
Maintenance	_____	_____
Home Furnishings	_____	_____
Entertainment, Cable TV	_____	_____
Newspapers, Books, Magazines	_____	_____
Vacations & Travel	_____	_____
Gifts	_____	_____
Children's Allowances	_____	_____
Other Household Expenses	_____	_____
Transportation		
Gas & Oil	_____	_____
Maintenance & Repair	_____	_____
License & Registraion	_____	_____
Public Transportation	_____	_____
Parking/Tolls	_____	_____
Other		
Legal Fees	_____	_____
Accounting Fees	_____	_____
Domestic Help, Yard, Pool	_____	_____
Dry Cleaning, Laundry	_____	_____
Veterinary	_____	_____
Child Care	_____	_____
Alimony/Child Support	_____	_____
Education, Lessons	_____	_____
Club Dues, Memberships	_____	_____
Miscellaneous	_____	_____
Cash	_____	_____
Total Expenses	_____	_____
Plan Summary		
Total Income	_____	_____
Total Expenses	-	_____
Net Income (Loss)	=	_____

Do you have a credit card balance(s) that carries over month-to-month? yes no
 If yes, what is the monthly minimum payment? _____
 If yes, what is the total balance? _____

*Please note that this document is for informational purposes only and is not intended as investment, tax, financial, legal or other advice. Your personal decisions should be based on the recommendations of your own professional advisors.