

Name _____

CASH FLOW ANALYSIS

Date _____

	Description	Monthly Exp	Annual Exp	Comments
Fixed	Home Mtg/Rent			
	Other Mtg			
	RE Taxes			
	Maintenance Fees			
	Auto Ins			
	Home Owners Ins			
	Liability Ins			
	Disability Ins			
	Health Ins			
	Other Ins			
	Bank Loans			
	Auto Loans			
	Credit Card Debt			
	Newspapers			
	Magazines			
	Dues, Licenses, Fees			
	Cable TV			
	Internet Service			
	Support/Dependents			
	Other			
Total Fixed				
Variable	Food			
	Heat			
	Gas			
	Electric			
	Telephone			
	Water/Sewer/Garb			
	Basic Clothing			
	Laundry			
	House Help			
	Child Care			
	Repairs & Maintenance			
	Medical, doctors			
	Drugs			
	Car, Gas, Oil			
	Tolls & Parking			
	Other			
	Other			
Total Variable				
Discretionary	Entertainment			
	Vacations			
	Recreation			
	Education			
	Discretionary Clothing			
	Contributions			
	Health & Beauty Care			
	Other			
	Other			
	Other			
Total Discretionary				
Total Expenses				