



Monthly/Annual Spending Plan

This cash flow analysis will help you identify your sources of income and expenses and your balance of income to expenses.

Income	Monthly	Annual	% of Total
Salary (self and other)	\$ _____	\$ _____	_____ %
Investment Income	\$ _____	\$ _____	_____ %
Social Security	\$ _____	\$ _____	_____ %
Rental Income	\$ _____	\$ _____	_____ %
Other	\$ _____	\$ _____	_____ %
Total Income	\$ _____	\$ _____	100%
Expenses			
Donations			
Religious	\$ _____	\$ _____	_____ %
Charitable	\$ _____	\$ _____	_____ %
Other Donations	\$ _____	\$ _____	_____ %
Savings & Investments			
Emergency Funds	\$ _____	\$ _____	_____ %
Credit Union	\$ _____	\$ _____	_____ %
Retirement Plans	\$ _____	\$ _____	_____ %
Stocks, Bonds & Mutual Funds	\$ _____	\$ _____	_____ %
Real Estate	\$ _____	\$ _____	_____ %
Annuities	\$ _____	\$ _____	_____ %
Income Taxes	\$ _____	\$ _____	_____ %
Insurance			
Life	\$ _____	\$ _____	_____ %
Health	\$ _____	\$ _____	_____ %
Disability	\$ _____	\$ _____	_____ %
Auto	\$ _____	\$ _____	_____ %
Homeowner's	\$ _____	\$ _____	_____ %
Long Term Care	\$ _____	\$ _____	_____ %
Other Insurance	\$ _____	\$ _____	_____ %
Liabilities			
Mortgage/Rent	\$ _____	\$ _____	_____ %
Home Equity Loans/Lines of Credit	\$ _____	\$ _____	_____ %
Real Estate Taxes	\$ _____	\$ _____	_____ %
Automobile Loan(s)	\$ _____	\$ _____	_____ %
Personal Loan(s)	\$ _____	\$ _____	_____ %
Credit Cards	\$ _____	\$ _____	_____ %
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	\$ _____	\$ _____	_____ %
Public Transportation	\$ _____	\$ _____	_____ %
Parking/Tolls	\$ _____	\$ _____	_____ %

Other

Legal Fees	\$ _____	\$ _____	_____ %
Accounting Fees	\$ _____	\$ _____	_____ %
Domestic Help, Yard, Pool	\$ _____	\$ _____	_____ %
Dry Cleaning, Laundry	\$ _____	\$ _____	_____ %
Veterinary	\$ _____	\$ _____	_____ %
Child Care	\$ _____	\$ _____	_____ %
Alimony	\$ _____	\$ _____	_____ %
Education, Lessons	\$ _____	\$ _____	_____ %
Club Dues, Memberships	\$ _____	\$ _____	_____ %
Miscellaneous	\$ _____	\$ _____	_____ %
Cash	\$ _____	\$ _____	_____ %

Total Expenses

\$ _____	\$ _____	_____ %
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Plan Summary

Total Income	\$ _____	\$ _____
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Total Expenses	- \$ _____	\$ _____
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Net Income (Loss)	= \$ _____	\$ _____
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**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.*