Kaizerman & Associates
Financial Advisors

Name:____ Date:_____________

Cash Flow Analysis

Amounts included are based on Circle One: Monthly/Annual *figures.*

Gross Income	Client	Spouse
Employment (wages, salaries, bonuses)	________	________
Self-employment income (net)	________	________
Dividends/ Interest/Capital Gains	________	________
Social Security	________	________
Pension(s)	________	________
Other Income:______________	________	________

TOTAL GROSS INCOME $______________

Expenses

Household expenses

Rent or mortgage payments (P&I only) (DOFP: ______________)	________
Lines of Credit/ Second Mortgages (DOFP: ______________)	________
Real Estate Taxes	________
Telephone, Electric, Oil, Natural Gas, Water, Cable, Internet	________
Homeowners' insurance	________
Other household – lawn care, snowplowing, maid, pool, etc.	________

Food, Clothing, Transportation expenses

Food/Groceries	________
Clothing/laundry/dry cleaning	________
Auto maintenance (gas, car wash and repairs)	________
Auto insurance	________
Auto loan/lease payments (DOFP: ______________)	________
Other Transportation – parking, MBTA, carpool, auto excise, etc.	________

Other Committed Expenses

Education costs – college, adult education, etc.	________
Personal Care (beauty parlor, haircuts, manicure, therapy, etc.)	________
Medical/Dental/Prescriptions (unreimbursed by health insurance)	________
Other loans - school, personal, etc.	________
Credit Card payments (not included elsewhere)	________
Daycare/Childcare	________
Life Insurance premiums	________
Disability Insurance premiums	________
Health/Dental/Long Term Care Insurance premiums	________
Other Insurance – umbrella, liability, boat, etc.	________
Other Committed – alimony/child support, etc.	________

Discretionary expenses
Entertainment and Dining Out ________
Recreation/Gym/Hobbies/Club Dues ________
Vacation(s) ________
Charitable Contributions ________
Gifts ________
Pet's ________
Tobacco/Alcohol/Lottery ________
Children's Allowances ________
Newspapers/Magazines ________
Licenses/Union/Professional Dues ________
Other Discretionary ________

Savings/Investments
Client Retirement Savings (401K, 403B, Pension, etc.) ________
Spouse Retirement Savings (401K, 403B, Pension, etc.) ________
IRA funding (Regular or Roth) ________
Other Savings/ Investments (College, etc.) ________

Income Taxes Withholdings/Estimated Payments
Client: Federal Income Taxes Withholdings ________
Client: State Income Taxes Withholdings ________
Client: Social Security and MedicareWithholdings ________
Spouse: Federal Income Tax Withholdings ________
Spouse: State Income Tax Withholdings ________
Spouse: Social Security and Medicare Withholdings ________
Estimated Tax Payments: Federal ________
Estimated Tax Payments: State ________

TOTAL EXPENSES $________

DISCRETIONARY INCOME
(Total Gross Income less Total Expenses) $________

Key Code:

DOFP = Date of final payment
________ = ____

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