



Cash Flow Questionnaire

This form is intended to help give you a realistic view of your monthly budget. If you keep a monthly budget on software or in another form, that may be substituted for this form. Understanding your cash flow each month is one of the central issues of financial planning. We will use this information to understand what cash you have put toward your current savings needs, and also to estimate your monthly expenses in retirement. This exercise is not intended to judge how much you are spending in each area, but is used to help inform us both of the resources we are working with and to help you make more informed choices about how to use these resources.

Item	Monthly	Annual
<u>Housing</u>		
House payment	_____	_____
Rent payment	_____	_____
Lease payment (not mortgage)	_____	_____
Property improvements	_____	_____
Home association dues	_____	_____
Property taxes	_____	_____
Subtotal:	_____	_____
<u>Food</u>		
Groceries	_____	_____
Dining out	_____	_____
Daily coffee	_____	_____
Subtotal:	_____	_____
<u>Personal</u>		
Household incidentals	_____	_____
Furniture	_____	_____
Clothing	_____	_____
Dry Cleaning	_____	_____
Personal Care	_____	_____
Hair Care	_____	_____
Subtotal:	_____	_____
<u>Automobile</u>		
Monthly payment	_____	_____
Operating expenses (gas, oil, etc.)	_____	_____
Maintenance	_____	_____
Lease Payment	_____	_____
Subtotal:	_____	_____



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Item	Monthly	Annual
<u>Utilities</u>		
Telephone	_____	_____
Cell Phone	_____	_____
Water	_____	_____
Electric	_____	_____
Gas	_____	_____
Trash removal	_____	_____
Cable	_____	_____
Subtotal:	_____	_____
<u>Entertainment</u>		
Books	_____	_____
Newspaper/ magazines	_____	_____
Movies, theater, etc.	_____	_____
Club dues	_____	_____
Subtotal:	_____	_____
<u>Pets</u>		
Pet food	_____	_____
Vet bills	_____	_____
Pet sitting/grooming	_____	_____
Subtotal:	_____	_____
<u>Professional Expenses</u>		
Travel	_____	_____
Vehicle rental	_____	_____
Parking	_____	_____
Lodging	_____	_____
Meals	_____	_____
Entertainment	_____	_____
Subtotal:	_____	_____
<u>Alimony (paid)</u>	_____	_____
<u>Child Support (paid)</u>	_____	_____
<u>Child Care</u>		
Daycare	_____	_____
Domestic help (babysitter)	_____	_____
Subtotal:	_____	_____



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Item	Monthly	Annual
<u>Gifts</u>		
Birthdays	_____	_____
Christmas/Other holiday	_____	_____
Anniversaries	_____	_____
Subtotal:	_____	_____
<u>Medical Expenses</u>		
Doctor visit co-pay	_____	_____
Prescription co-pay	_____	_____
Dental care	_____	_____
Vision care	_____	_____
Subtotal:	_____	_____
<u>Insurance</u>		
Health Insurance	_____	_____
Car Insurance	_____	_____
Homeowner's	_____	_____
Renter's	_____	_____
Life Insurance	_____	_____
Umbrella Liability	_____	_____
Professional Liability	_____	_____
Subtotal:	_____	_____
<u>Credit Cards</u>		
Credit card #1: _____	_____	_____
Credit card #2: _____	_____	_____
Credit card #3: _____	_____	_____
Subtotal:	_____	_____
<u>Savings</u>		
Retirement Account #1	_____	_____
Retirement Account #2	_____	_____
Retirement Account #3	_____	_____
College Savings Account #1	_____	_____
College Savings Account #2	_____	_____
Other Savings (emergency fund, etc.)	_____	_____
Subtotal:	_____	_____

