

SALVINI FINANCIAL PLANNING

CASH FLOW QUESTIONNAIRE- Page 1

TOTAL ANNUAL OUTFLOWS (from page 3): \$ _____

	<u>MONTHLY</u>	<u>ANNUAL</u>	<u>% Total Outflows</u>
<u>HOUSING</u>			
Mortgage/Rent	_____	_____	
Mortgage – 2 nd	_____	_____	
Home Equity Line of Credit	_____	_____	
Association Dues	_____	_____	
Property Tax	_____	_____	
Homeowners Insurance	_____	_____	
Subtotal:	\$ _____	\$ _____	%
Property Maintenance and Supplies	_____	_____	
Property Improvements	_____	_____	
Gardener/Housekeeper	_____	_____	
Subtotal:	\$ _____	\$ _____	%
<u>UTILITIES</u>			
Telephone	_____	_____	
Cell Phone	_____	_____	
Water	_____	_____	
Electric	_____	_____	
Gas	_____	_____	
Trash	_____	_____	
Cable	_____	_____	
Internet	_____	_____	
Subtotal:	\$ _____	\$ _____	%
<u>VEHICLES</u>			
Loan /Lease	_____	_____	
Loan/Lease	_____	_____	
Gasoline and other operating costs	_____	_____	
Service and Maintenance	_____	_____	
Insurance	_____	_____	
Registration	_____	_____	
Other:	_____	_____	
Subtotal:	\$ _____	\$ _____	%

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CASH FLOW QUESTIONNAIRE – Page 2

	<u>MONTHLY</u>	<u>ANNUAL</u>	<u>% Total Outflows</u>
<u>MEDICAL</u>			
Out of Pocket Medical	_____	_____	
Health Savings Account Contribution	_____	_____	
Medical Insurance	_____	_____	
Dental Insurance	_____	_____	
Vision Insurance	_____	_____	
Long Term Care Insurance	_____	_____	
Other:	_____	_____	
Subtotal:	\$ _____	\$ _____	%
<u>OTHER INSURANCES</u>			
Life	_____	_____	
Life	_____	_____	
Disability	_____	_____	
Umbrella Liability	_____	_____	
Other:	_____	_____	
Subtotal:	\$ _____	\$ _____	%
<u>UNREIMBURSED BUSINESS EXPENSES</u>			
	_____	_____	
<u>ALIMONY</u>			
Alimony	_____	_____	
Child Support	_____	_____	
Subtotal:	\$ _____	\$ _____	
<u>CHILD CARE</u>			
Daycare	_____	_____	
Domestic help (babysitter)	_____	_____	
Subtotal:	\$ _____	\$ _____	
<u>CREDIT CARDS</u>			
<u>(Payments on Unpaid Balances Only)</u>			
Card 1	_____	_____	
Card 2	_____	_____	
Additional Cards	_____	_____	
Subtotal:	\$ _____	\$ _____	

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CASH FLOW QUESTIONNAIRE – Page 3

	<u>MONTHLY</u>	<u>ANNUAL</u>	<u>% Total Outflows</u>
<u>LIVING</u>			
Groceries	_____	_____	
Dining Out	_____	_____	
Clothing	_____	_____	
Dry Cleaning	_____	_____	
Personal Care	_____	_____	
Memberships and Dues	_____	_____	
Entertainment	_____	_____	
Travel	_____	_____	
Pets	_____	_____	
Other: _____	_____	_____	
Other: _____	_____	_____	
Subtotal:	\$ _____	\$ _____	%

GIVING

Gifts (birthdays, holidays, etc...)

Charities

Other: _____

Subtotal: \$ _____ \$ _____

TOTAL OUTFLOWS:

\$ **\$** **%**

SAVING

401K

457B

IRA

EDUCATION

OTHER:

SUBTOTAL: \$ _____ \$ _____ **%**

SOURCES OF INCOME

Salary (Net of Taxes)

Net Self Employment Income

Net Rental Income

Other: _____

Other: _____

TOTAL INFLOWS:

\$ **\$**