This form can be used in different ways. If you are married, use column #1 for your information and column #2 for your spouses information. Then TOTAL. If you are an entrepreneur, you can use column #1 for your personal information, and column #2 for your business information and then TOTAL. Make the form work for you

MONEY 101

3.01 - Budget - Cash Flow Form

| 0 | Category Name | #1 - \$ | #2 - \$ | TOTAL | | % Analysis |
|----|--|---------|---------|-------|-----------|------------|
| 1 | CASH IN | | | \$ - | | |
| 2 | W-2 earnings (GROSS - before deductions) | | | \$ - | | |
| 3 | Interest & Dividends | | | \$ - | | |
| 4 | Business Income or Rental Income | | | \$ - | | |
| 5 | Other cash sources, gifts, tax refunds, misc. | | | \$ - | | |
| 6 | TOTAL CASH IN | \$ - | \$ - | \$ - | | 100% |
| 7 | | | | | | |
| 8 | CASH OUT | | | | • | |
| 9 | HOUSING | | | | SUBTOTALS | |
| 10 | Rent | | | \$ - | | |
| 11 | Mortgage Payment - (Interest, Principal, can also include Real Estate Taxes & Insurance) | | | \$ - | | |
| 12 | Home Equity Line of Credit payments | | | \$ - | | |
| 13 | Fees - Condo, Co-op or Home Owner Association | | | \$ - | | |
| 14 | Utilities - Heat (oil or gas) | | | \$ - | | |
| 15 | Utilities - Electric & Gas | | | \$ - | | |
| 16 | Utility - Water & Sewer | | | \$ - | | |
| 17 | Utility - Garbage Removal Taxes - Real Estate Taxes (if not included in | | | \$ - | | |
| 18 | mortgage payment) | | | \$ - | | |
| 19 | Insurance - Renter's or Home Owners Insurance (if not included in the mortgage) | | | \$ - | | |
| 20 | Parking | | | \$ - | | |
| 21 | Maintenance - Housekeeping | | | \$ - | | |
| 22 | Maintenance - Lawn Care | | | \$ - | | |
| 23 | Maintenance - Pool Care | | | \$ - | | |
| 24 | Maintenance - Repairs | | | \$ - | | |
| 25 | Maintenance - Snow Removal | | | \$ - | | |
| 26 | Telephone, Cable, Internet - including Land Line | | | \$ - | | |
| 27 | Telephone - Mobile/Cellular | | | \$ - | | |
| 28 | Service Contracts on Equipment, Home Security | | | \$ - | | |
| 29 | Repairs - Plumber/Electrician | | | \$ - | | |
| 30 | Purchases - Equipment & Furnishings | | | \$ - | | |
| 31 | Other - DWELLING RELATED EXPENSES | | | \$ - | | - |
| 32 | TRANSPORTATION | | | | | |
| 33 | Auto Payments | | | \$ - | | |
| 34 | Auto Insurance (number of vehicles:) | | | \$ - | | |
| 35 | Auto Registration, License | | | \$ - | | |
| 36 | Auto Maintenance | | | \$ - | | |
| 37 | Auto Fuel and Oil | | | \$ - | | |

MONEY 101

3.01 - Budget - Cash Flow Form

| | | | | 1 | |
|---|---------|---------|-------|------|------------|
| Category Name | #1 - \$ | #2 - \$ | TOTAL | | % Analysis |
| Commuting Expenses (tolls, transit, etc) | | | \$ - | | |
| Tolls - EZ Pass | | | \$ - | | |
| Other Transportation Exp (uber, taxi, etc) | | | \$ - | \$ - | |
| Food & Household Cleaning Products | | | | | |
| Groceries - food at home | | | \$ - | | |
| Restaurants | | | \$ - | | |
| rouseriou supplies, non-prescription arag & cosmetics | | | \$ - | \$ - | |
| PERSONAL DISCRETIONARY | | | | | |
| Alcohol and Tobacco | | | \$ - | | |
| Clothing | | | \$ - | | |
| Club Dues and Memberships | | | \$ - | | |
| Contributions for Charity | | | \$ - | | |
| Dry Cleaning, Commercial Laundry | | | \$ - | | |
| Educational Costs (Parents) | | | \$ - | | |
| Entertainment | | | \$ - | | |
| Gifts | | | \$ - | | |
| Hair & Nail Care | | | \$ - | | |
| Newspapers, Periodicals , Apps, Subscriptions | | | \$ - | | |
| Pet Care and Expenses | | | \$ - | | |
| Sports and Hobbies | | | \$ - | | |
| Vacation Travel | | | \$ - | \$ - | |
| Children & Dependent Expenses | | | | | |
| Babysitting (not live in) | | | \$ - | | |
| Children's Camps | | | \$ - | | |
| Children's Lessons | | | \$ - | | |
| Children's Private School Costs | | | \$ - | | |
| Day-Care Expenses outside of the home | | | \$ - | | |
| Live In Nanny | | | \$ - | | |
| Parenting Time Expenses | | | \$ - | - | |
| Payments to Non-Child Dependents | | | \$ - | - | |
| School Lunch | | | \$ - | \$ - | |
| Medical & Health Related Insurance | | | , | | |
| Dental (exclusive of Orthodontic) | | | \$ - | 1 | |
| Eye Care (exams & glasses) | | | \$ - | 1 | |
| Medical Insurance Deductibles and Co-pays | | | \$ - | 1 | |
| Medical Insurance Premuim | | | \$ - | 1 | |
| Wicarcal Insurance Fremuilli | | | \$ - | 1 | |

This form can be used in different ways. If you are married, use column #1 for your information and column #2 for your spouses information. Then TOTAL. If you are an entrepreneur, you can use column #1 for your personal information, and column #2 for your business information and then TOTAL. Make the form work for you

MONEY 101

3.01 - Budget - Cash Flow Form

| | | | | 1 | |
|---|---------|---------|-------|------|------------|
| Category Name | #1 - \$ | #2 - \$ | TOTAL | | % Analysis |
| Prescription Drugs | | | \$ - | - | |
| Psychiatric/psychological/counseling | | | \$ - | | |
| Taxes | | | | | |
| Tax Payments - made via W-2 see below | | | \$ - | | |
| Tax Payments - made via estimated taxes | | | \$ - | | |
| Tax Payments - paid when return is filed | | | \$ - | \$ - | |
| Insurance, Savings, Debt Service | | | | | |
| Insurance - life | | | \$ - | | |
| Insurance - Umbrella or other (not property or car) | | | \$ - | | |
| Savings/Investment - non retirement | | | \$ - | | |
| Savings Retirement - IRA , 401K, Roth deductions | | | \$ - | | |
| Debt Service (not listed elsewhere) | | | \$ - | \$ - | |
| Business, Employment, Professional Expense | | | | | |
| Business Expenses | | | \$ - | | |
| Professional Expenses i.e. Accountant, Laywer | | | \$ - | | |
| Union Dues | | | \$ - | \$ - | |
| CASH OUT | \$ - | \$ - | \$ - | | 100% |
| | | | | - | |
| NET CASH | \$ - | \$ - | \$ - | | |