

BALANCE SHEET

ASSETS

Residence: \$ _____
2nd Residence: \$ _____
Rental Property: \$ _____
Credit Union: \$ _____
Savings Accounts: \$ _____
Money Met Funds: \$ _____
CD's: \$ _____
TSA Accounts: \$ _____
Retirement Plans: \$ _____
IRA's: \$ _____
Accounts Receivable: \$ _____
Notes Receivable: \$ _____
Life Ins Cash Values: \$ _____
US Government Bonds: \$ _____
Stocks: \$ _____
Bonds: \$ _____
Mutual Funds: \$ _____
Collectibles: \$ _____
Annuity Value: \$ _____
Tax Refund Due: \$ _____
Auto(s): \$ _____
Personal Property: \$ _____
Business Value: \$ _____
Other: \$ _____
Other: \$ _____
Total Assets \$ _____

LIABILITIES

1st Mortgage \$ _____
2nd Mortgage \$ _____
Other Mortgages \$ _____
Equity Line \$ _____

Notes Payable \$ _____

Installment Loans \$ _____
Education Loans \$ _____
Credit Cards (all) \$ _____
Department Stores \$ _____
Automobile Loans \$ _____
Other \$ _____
Other \$ _____
Other \$ _____

Total Liabilities \$ _____

Your 3 Most Important Financial Planning Goals:

- 1.
- 2.
- 3.

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INCOME

| | <u>BEFORE</u> | <u>AFTER</u> |
|-------------------------------|---------------|--------------|
| Gross Income: | | |
| Salary: | \$ _____ | \$ _____ |
| Salary: | \$ _____ | \$ _____ |
| Pension: | \$ _____ | \$ _____ |
| Part Time Income: | \$ _____ | \$ _____ |
| Int/Divs/CG's: | \$ _____ | \$ _____ |
| Gift Income: | \$ _____ | \$ _____ |
| Other: | \$ _____ | \$ _____ |
| Other: | \$ _____ | \$ _____ |
| Total Income: | \$ _____ | \$ _____ |
| Less Adjustments: | \$ _____ | \$ _____ |
| IRA Contributions: | \$ _____ | \$ _____ |
| TSA Contributions: | \$ _____ | \$ _____ |
| 401(K) Contributions: | \$ _____ | \$ _____ |
| Other Adjustments: | \$ _____ | \$ _____ |
| Adjusted Gross Income: | \$ _____ | \$ _____ |
| Less: Itemized Ded: | \$ _____ | \$ _____ |
| Exemptions: | \$ _____ | \$ _____ |
| Taxable Income: | \$ _____ | \$ _____ |
| TAXES | | |
| Federal: | \$ _____ | \$ _____ |
| State: | \$ _____ | \$ _____ |
| State: | \$ _____ | \$ _____ |
| Soc. Sec. | \$ _____ | \$ _____ |
| TOTAL TAXES | \$ _____ | \$ _____ |
| TAXES SAVED: | | \$ _____ |

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MONTHLY CASH FLOW

LIVING EXPENSES

Food/Groceries: \$ _____
House (P&I) or Rent: \$ _____
Property Taxes: \$ _____
Clothes: \$ _____
Utilities: \$ _____
Telephone: \$ _____
Cleaners: \$ _____
New Household Purchases: \$ _____
Auto Expenses (Gas/Repairs): \$ _____
Entertainment: \$ _____
Clue Dues: \$ _____
Vacation, Trips, Camps: \$ _____
Misc., Horses, Boats: \$ _____
Music, Dancing: \$ _____
Life Ins – Husband: \$ _____
Life Ins – Wife: \$ _____
Hospitalization: \$ _____
Disability Insurance: \$ _____
Prof Liability Ins: \$ _____
Auto, Boat Insurance: \$ _____
Homeowners Insurance: \$ _____
Inside House Help: \$ _____
Home Maint/Repairs: \$ _____
Yard Maintenance: \$ _____
Pool Maintenance: \$ _____
Donations (al): \$ _____
Subscriptions: \$ _____
Medical Expense: \$ _____
Education Expense: \$ _____
Gifts, Birthdays, Christmas: \$ _____
Family Person Exp: \$ _____
Unreimbursed Bus Exp: \$ _____
Debt Repayment: \$ _____
Other Expenses: \$ _____
Other Expenses: \$ _____

SAVINGS/INVESTMENTS

Savings Account: \$ _____
Money Market Fund: \$ _____
IRA: \$ _____
Keogh: \$ _____
Pension Plan – 401(k): \$ _____
Mutual Funds: \$ _____
Stocks/Bonds: \$ _____
Annuities: \$ _____

Total: \$ _____

TAXES

Federal Income Tax: \$ _____
State Income Tax: \$ _____
Social Security Tax: \$ _____

Total: \$ _____

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