

# Income and Expenses (Cash Flow) Worksheet

Calculate income and expenses for a typical month; estimate when necessary and divide annual and quarterly costs — like insurances — across all months. Use this form for yourself to determine how you spend your money and with your adult child to determine his or her cost of living. Not all items will apply.

Period: \_\_\_\_\_  
(month/year)

| <b>Income</b>                                  | <b>Amount</b>   |
|--|-----------------|
| EMPLOYMENT WAGES (amount after all deductions) | \$ _____        |
| SUPPLEMENTAL SECURITY INCOME (SSI)             | \$ _____        |
| SOCIAL SECURITY DISABILITY INSURANCE (SSDI)    | \$ _____        |
| OTHER SOCIAL SECURITY BENEFITS                 | \$ _____        |
| RETIREMENT/PENSION PLANS                       | \$ _____        |
| INTEREST FROM SAVINGS & CHECKING ACCOUNTS      | \$ _____        |
| _____  | \$ _____        |
| _____  | \$ _____        |
| _____  | \$ _____        |
| OTHER: _____                                   | \$ _____        |
| _____  | \$ _____        |
| _____  | \$ _____        |
| <b>TOTAL INCOME</b>                            | <b>\$ _____</b> |

**EXPENSES (How you spend your money)**

**Amount**

|  |                 |
|--|-----------------|
| MORTGAGE/RENT (include maintenance if own)           | \$ _____        |
| UTILITIES (heat, electricity, water, garbage, phone) | \$ _____        |
| FOOD   | \$ _____        |
| PERSONAL (e.g., haircuts, miscellaneous items)       | \$ _____        |
| CLOTHING   | \$ _____        |
| TRANSPORTATION                                       | \$ _____        |
| RECREATION, ENTERTAINMENT, VACATIONS                 | \$ _____        |
| EDUCATION  | \$ _____        |
| HEALTH CARE COSTS (not covered by insurance)         | \$ _____        |
| INSURANCE (health, disability, life, auto, home)     | \$ _____        |
| TAXES (e.g., property taxes)                         | \$ _____        |
| GIFTS/HOLIDAY EXPENSES                               | \$ _____        |
| INVESTMENTS  | \$ _____        |
| DEBT PAYMENTS  | \$ _____        |
| OTHER: _____   | \$ _____        |
| _____  | \$ _____        |
| _____  | \$ _____        |
| _____  | \$ _____        |
| _____  | \$ _____        |
| <b>TOTAL EXPENSES</b>                                | <b>\$ _____</b> |