

## **CREATING FINANCIAL STATEMENTS:**

**Balance Sheet**  
**Cash Flow**

# Balance Sheet

Date \_\_\_\_\_

## Assets

## Liabilities

### Personal:

(House(s), Car(s), Belongings, Money earmarked to pay bills, etc.)

(Loan balances for Mortgage, Car, Credit cards, Personal, Medical, etc.)

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Total Personal \$ \_\_\_\_\_

**Total** \$ \_\_\_\_\_

### Working:

(Retirement Accts, Savings accts, investment accts, investment real estate, business value, etc.)

Balances on retirement plan and investment loans

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

_____	\$ _____
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_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Total Working \$ \_\_\_\_\_

**Total** \$ \_\_\_\_\_

Total Assets \$ \_\_\_\_\_

**Total Liabilities** \$ \_\_\_\_\_

**Net Worth** \$ \_\_\_\_\_

**Committed Expenses**

\_\_\_\_\_ to \_\_\_\_\_

Mortgage Payment/Rent	\$ _____
Property Taxes	\$ _____
Insurance (HO/Tenants)	\$ _____
Utilities (Gas/Elec/Water/Cable, etc)	\$ _____
Phone	\$ _____
Maintenance/Repair/Condo Fees	\$ _____
Auto Loan/Lease Payment	\$ _____
Auto Insurance	\$ _____
Gas, Oil, Repair, Fees	\$ _____
Other (Commuting, etc)	\$ _____
Education	\$ _____
Life Insurance	\$ _____
Disability Insurance	\$ _____
Other Insurance	\$ _____
Food	\$ _____
Basic Clothing/Cleaning	\$ _____
Personal Care	\$ _____
Medical (Dr, RX, Insurance, etc)	\$ _____
Dependent Care	\$ _____
Credit Card Payments	\$ _____
Other Loan Payments	\$ _____
Alimony/Child Support	\$ _____
Other Loan Payments	\$ _____
Other Necessary Expenses	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

**Total Committed Expenses**      \$ \_\_\_\_\_

List required spending. List those items that you must cover.

## Discretionary Expenses

\_\_\_\_\_ to \_\_\_\_\_

Entertainment	\$ _____
Meals Out	\$ _____
Vacations	\$ _____
Recreation	\$ _____
Club and Other Dues	\$ _____
Holiday Gifts/ Other	\$ _____
Other Gifts	\$ _____
Hobbies	\$ _____
Home Purchases (Décor)	\$ _____
Home Improvements	\$ _____
Home Services	\$ _____
Dependent Expenses	\$ _____
Miscellaneous Purchases	\$ _____
Other Clothing	\$ _____
Other	\$ _____
Other	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

**Total Discretionary Expenses** \$ \_\_\_\_\_

List non essential spending. Include items like lessons (music, sports, etc), babysitters for social outings, pet expenses (care, kennel, vet, etc), subscriptions, cleaning services, yard services, outside help if applicable,

## Cash Flow Statement

\_\_\_\_\_ to \_\_\_\_\_

### Income Sources

Salary	\$ _____
Bonus/Commissions	\$ _____
Overtime/Tips	\$ _____
Investment Income Received	\$ _____
Rental Income	\$ _____
Income Tax Refund	\$ _____
Cash Gifts Received	\$ _____
Inheritance	\$ _____
Alimony/Child Support	\$ _____
Pension	\$ _____
Social Security	\$ _____
Disability Income	\$ _____
Reimbursed Medical Expenses	\$ _____
Winnings	\$ _____
Other	\$ _____
Other	\$ _____
<b>Total Income</b>	<b>\$ _____</b>

### Outflow/Spending

Committed Expenses	\$ _____
Discretionary Expenses	\$ _____
Federal Income Taxes	\$ _____
State and Local Income Taxes	\$ _____
Payroll Taxes	\$ _____
<b>Total Outflow</b>	<b>\$ _____</b>

**Net Cash Flow** \$ \_\_\_\_\_