thrivent®

Name _____

Date _____

Personal cash flow worksheet

Record each expense on either a monthly or annual basis.

Approximate monthly amount available to fund and protect your goals: _____

Income

Money in	Monthly	Annually
Income (gross) (net)		
Dividends, interest or capital gains		
Social Security		
Pension		
Other income		

Total annual money in: _____

Share

	Monthly	Annually
Church		
Charitable contributions		

Total annual contributions: _____

Save

	Monthly	Annually
Emergency savings		
Retirement savings		
Other savings		

Total annual savings: _____

Spend

Housing and maintenance	Monthly	Annually
Mortgage/rent		
Home equity loan/line of credit payments		
Property taxes		
Homeowners/renters insurance		
Utilities (gas, electric, sewer, etc.)		
Maintenance/repair/association fees		
Furniture, decorations, lawn, etc.		

Total annual housing and maintenance: _____

Transportation	Monthly	Annually
Loan/lease payments		
Auto insurance premiums		
Auto registration/taxes		
Gas/maintenance		
Public transportation/parking		

Total annual transportation: _____

Spend

Health care	Monthly	Annually
Medical insurance premiums (e.g., payroll deductions)		
Health Savings Account (HSA), Flexible Spending Account (FSA)		
Co-pay/Out of Pocket		
Prescriptions		

Total annual medical: _____

Other expenses	Monthly	Annually
Income taxes (paid prior year) – Federal:		
– State:		
Student loan payments		
Credit card payments		
Insurance premiums		
Food/groceries		
Phone/television/internet		
Children (e.g., support, daycare, activities)		
Clothing/personal care		
Education		
Financial planning/legal/tax accounting fees		
Pets		
Vacations/travel		
Gifts/holidays		
Entertainment/dining out		
Subscriptions/memberships/dues		
Other:		

Total annual other: _____

Total money in – total money out= _____

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