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For Office Use Only:

Date: _____ Calling Preference: _____ Work _____ Home
 Revised: _____ Best time of day to call? _____
 Revised: _____
 Individuals present at initial consultation (indicate relationship to client): _____

Name(s) _____

Cash Flow Statement

INCOME

Employment Income

Salary/Wages
 Self-Employment
 Bonus

Name: _____

 _____ When? _____

Name: _____

 _____ When? _____

Investment Income

Taxable Interest
 Taxable Dividends
 Non-Taxable Int/Dividends
 Investment Sale Proceeds
 Rental Net Income
 Passive Investments

Other Income

Taxable Pensions
 Social Security
 Other Taxable Income
 Other Non-taxable Income

EXPENSES

	Monthly Amount	Annual & Variable Amount
Housing		
Mortgage/Rent	_____	_____
Maintenance	_____	_____
Water	_____	_____
Electric	_____	_____
Gas/Oil	_____	_____
Telephone	_____	_____
Cell Phone	_____	_____
Cable/Satellite TV	_____	_____
Internet Service	_____	_____
Garbage/Trash	_____	_____
Homeowner Assn.	_____	_____
Cleaning Help	_____	_____
Lawn Care	_____	_____
Other	_____	_____
	_____	_____
	_____	_____
Vehicle Loans/Lease		
Car 1 _____	_____	_____
Car 2 _____	_____	_____
Car 3 _____	_____	_____
Transportation		
Car Gas & Oil	_____	_____
Car Maintenance	_____	_____
Tolls/Parking	_____	_____
Car Washes	_____	_____
License Plates/Tax/ Registration	_____	_____
Public Transportation	_____	_____
Food		
Groceries	_____	_____
Work/School Lunch	_____	_____
Bottled Water	_____	_____
Pet Food	_____	_____
Liquor/Tobacco	_____	_____
Other	_____	_____
	_____	_____
	_____	_____
Clothing		
Adults	_____	_____
Children	_____	_____
Dry Cleaning/ Laundry/Tailor	_____	_____
Other	_____	_____

	Monthly	Annual
Medical/Dental		
Doctor/Dentist/ Optometrist	_____	_____
Prescriptions	_____	_____
Eyeglasses	_____	_____
Counseling/Therapy	_____	_____
Other	_____	_____
Child Care		
Day Care/Babysitting	_____	_____
Children's Allowance	_____	_____
Other	_____	_____
Continuing Education		
Tuition/School	_____	_____
Supplies	_____	_____
Music/Dancing/ Other Lessons	_____	_____
Other	_____	_____
_____	_____	_____
Entertainment		
Dining Out	_____	_____
Movies/Theater	_____	_____
Sports	_____	_____
_____	_____	_____
Hobbies	_____	_____
_____	_____	_____
Cable TV	_____	_____
Vacations	_____	_____
Other	_____	_____
_____	_____	_____
_____	_____	_____
Personal		
Adults	_____	_____
Children	_____	_____
Gifts		
Christmas	_____	_____
Family Gifts	_____	_____
Non-Family Gifts	_____	_____
Church	_____	_____
Charities	_____	_____
_____	_____	_____
_____	_____	_____
Other	_____	_____
_____	_____	_____

	Monthly	Annual
Life Insurance		
Policy # _____	_____	_____
Policy # _____	_____	_____
Policy # _____	_____	_____

Other Insurance		
Medical Insurance	_____	_____
Disability Income	_____	_____
Home/Property	_____	_____
Automobile	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Liability/Malpractice	_____	_____
Long-Term Care Insurance	_____	_____
Other	_____	_____

Taxes		
Federal Income Tax	_____	_____
State/Local Inc. Tax	_____	_____
Social Security Tax	_____	_____
School Taxes	_____	_____
Property Tax	_____	_____

Miscellaneous		
Newspapers	_____	_____
Magazines	_____	_____
Books	_____	_____
Stationary/Postage	_____	_____
Membership Dues	_____	_____
Tax Preparation	_____	_____
Pet Medical Care	_____	_____
Business Expenses	_____	_____
Other	_____	_____
	_____	_____
	_____	_____

Outstanding Loans		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Long-Term Objectives	Monthly	Annual
Emergency Fund	_____	_____
Appliance Replacement	_____	_____
Car Replacement	_____	_____
Future College	_____	_____
_____	_____	_____
_____	_____	_____
Advanced Education	_____	_____
Other	_____	_____

Retirement Investments	Monthly	Annual
_____	_____	_____
_____	_____	_____
IRAs (Deductible)	_____	_____
_____	_____	_____
_____	_____	_____
IRAs (Non-Deductible)	_____	_____
_____	_____	_____
_____	_____	_____
Roth IRAs	_____	_____
_____	_____	_____
_____	_____	_____
Keogh Plans	_____	_____
_____	_____	_____
_____	_____	_____
Defined Contribution Plans	_____	_____
_____	_____	_____
_____	_____	_____
Deferred Compensation	_____	_____
_____	_____	_____
_____	_____	_____

Investments	Monthly	Annual
_____	_____	_____
_____	_____	_____
_____	_____	_____

TOTALS: MONTHLY _____ **YEARLY** _____ **/12 =** _____

TOTAL MONTHLY EXPENDITURES: _____ (Monthly + Yearly/12)