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Net Cash Flow

Name _____

Date _____

Monthly Expenses

Total Expenses: _____

Mortgage payment or rent _____

Other mortgage _____

Home equity line of credit _____

Automobile loan(s) _____

Bank loan(s) _____

Personal loan(s) _____

Charge accounts _____

Other debt payments _____

Federal income taxes _____

State income taxes _____

FICA (Social Security) _____

Other taxes _____

Utilities _____

Household repairs
/maintenance _____

Food _____

Clothing _____

Education expenses _____

Child care _____

Automobile expenses _____

Other transportation _____

Life insurance _____

Homeowner's insurance _____

Medical/Dental insurance _____

Disability insurance _____

Long-term care insurance _____

Unreimbursed medical/dental _____

Entertainment/Dining out _____

Recreation/Travel _____

Club dues _____

Hobbies _____

Gifts _____

Major home improvements _____

Professional services _____

Charitable contributions _____

Monthly Income

Total Income: _____

Net Cash Flow

Monthly Income _____

Minus Monthly Expenses _____

Equals surplus/(shortfall) _____

Christy A. Gatien, CFP®
 Senior Vice President,
 Financial Advisor, Portfolio Manager
 (425) 467-2241 | CGatien@dadco.com

Sean Ladd
 Registered Client Associate
 (425) 467-2211 | SLadd@dadco.com

GATIEN STRATEGIC WEALTH MANAGEMENT, A member of D.A. Davidson & Co.
 cgatien@dadco.com | DIRECT: (425) 467-2241 | gatienstrategicwealthmanagement.com

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D.A. Davidson & Co. member SIPC | 10400 NE 4th Street, Suite 400 | Bellevue, WA | (425) 467-2200 | dadavidson.com