BOTSFORD FINANCIAL GROUP

LIFESTYLE PLANNING SOLUTIONS

HOUSE OF SECURITY

WISHES
Charitable Giving, Gifts to Heirs

LIKES
Cash or Down Payment on Vacation Home, Boat, Recreational Vehicle, Large Family Vacation

WANTS
Extras: Travel, Hobbies, Entertainment, Dine Out, Club Memberships

NEEDS
Basic Necessities of Life: Food, Shelter, Clothing
Insurance: Life, Long-Term Care, Disability, etc.

THE CASH-FLOW WORKSHEET SUMMARY

[This page is a summary of the following pages. Do not enter numbers on this page.]

INCOME	Monthly Amount	Annual Amount	Notes
Compensation–1	$ 0	$ 0	
Compensation–2	$ 0	$ 0	
Additional Income Sources	$ 0	$ 0	
Total Income	$ 0	$ 0	

EXPENSES	Monthly Amount	Annual Amount	Notes
Needs			Annual Sub-Category Totals: $ 0
Personal Residence	$ 0	$ 0	
Food/Staples	$ 0	$ 0	
Clothing/Accessories	$ 0	$ 0	
Transportation	$ 0	$ 0	
Non-Property	$ 0	$ 0	
Insurance Investments	$ 0	$ 0	
Professional Fees	$ 0	$ 0	
Revolving Debt Service	$ 0	$ 0	
Taxes	$ 0	$ 0	
Monetary Gifts	$ 0	$ 0	
Wants			Annual Sub-Category Totals: $ 0
Travel	$ 0	$ 0	
Hobbies/Entertainment	$ 0	$ 0	
Pets	$ 0	$ 0	
Personal Care	$ 0	$ 0	
Likes			Annual Sub-Category Totals: $ 0
Vacation Homes	$ 0	$ 0	
Watercraft	$ 0	$ 0	
Recreation/Hobbies	$ 0	$ 0	
Education	$ 0	$ 0	
Wishes			Annual Sub-Category Totals: $ 0
Heirs	$ 0	$ 0	
Charities/Institutions	$ 0	$ 0	
Gifts to Trusts	$ 0	$ 0	
Other	$ 0	$ 0	
Total Expenses	$ 0	$ 0	
Total Estimated Cash Flow	$ 0	$ 0	

INCOME SOURCES

[Enter monthly income amounts and any applicable notes. Annual numbers and totals will calculate automatically.]

INCOME SOURCES	Monthly Amount	Annual Amount	Notes
Compensation–1			Annual Sub-Category Totals: $ 0.00
Salary	$	$ 0	
Bonus	$	$ 0	
Social Security	$	$ 0	
Pension	$	$ 0	
Deferred Compensation	$	$ 0	
Compensation–2			Annual Sub-Category Totals: $ 0.00
Salary	$	$ 0	
Bonus	$	$ 0	
Social Security	$	$ 0	
Pension	$	$ 0	
Deferred Compensation	$	$ 0	
Additional Income Sources			Annual Sub-Category Totals: $ 0.00
Rental Income	$	$ 0	
Note Receivable	$	$ 0	
Royalties	$	$ 0	
Investment Income	$	$ 0	
Investment Income	$	$ 0	
Other	$	$ 0	
Other	$	$ 0	
Other	$	$ 0	
Miscellaneous	$	$ 0	
Total Income	$ 0	$ 0	

Check this box when complete to calculate: ☑

NEEDS

[Enter monthly cash-flow expenses in the following categories and any applicable notes.]

NEEDS	Monthly Amount	Annual Amount	Notes
Personal Residence			Annual Sub-Category Totals: $ 0.00
Mortgage	$	$ 0	
Taxes	$	$ 0	
Home Owners Insurance	$	$ 0	
Umbrella Insurance	$	$ 0	
Association Dues	$	$ 0	
Maintenance/Repairs	$	$ 0	
Telephone/Fax	$	$ 0	
Internet	$	$ 0	
Cable	$	$ 0	
Electricity	$	$ 0	
Natural Gas	$	$ 0	
Firewood	$	$ 0	
Heating Oil & Other Fuels	$	$ 0	
Water & Other Public Services	$	$ 0	
Trash	$	$ 0	
Lawn/Yard Care	$	$ 0	
Alarm System	$	$ 0	
Pool/Hot Tub Service	$	$ 0	
Pest Control	$	$ 0	
Other	$	$ 0	
Miscellaneous	$	$ 0	
Food/Staples			Annual Sub-Category Totals: $ 0.00
Groceries	$	$ 0	
Supplies	$	$ 0	
Personal Hygiene	$	$ 0	
Toiletries	$	$ 0	
Makeup	$	$ 0	
Other	$	$ 0	
Miscellaneous	$	$ 0	
Clothing/Accessories			Annual Sub-Category Totals: $ 0.00
New Purchases	$	$ 0	
Dry Cleaning	$	$ 0	
Other	$	$ 0	
Investment Income	$	$ 0	
Other	$	$ 0	
Miscellaneous	$	$ 0	

NEEDS

NEEDS	Monthly Amount	Annual Amount	Notes
Transportation			Annual Sub-Category Totals: $ 0.00
Auto Loan/Lease Payment(s)	$	$ 0	
Auto Insurance	$	$ 0	
Fuel	$	$ 0	
Tags/Registration	$	$ 0	
Maintenance/Repairs	$	$ 0	
Emergency Road Service	$	$ 0	
Tolls/Parking	$	$ 0	
Mass Transit	$	$ 0	
Other	$	$ 0	
Miscellaneous	$	$ 0	
Non-Property Insurance			Annual Sub-Category Totals: $ 0.00
Life	$	$ 0	
Long-Term Care	$	$ 0	
Disability	$	$ 0	
Health	$	$ 0	
Dental	$	$ 0	
Accidental Death	$	$ 0	
Cancer	$	$ 0	
Vision Care	$	$ 0	
Prescription	$	$ 0	
Medigap	$	$ 0	
Other	$	$ 0	
Miscellaneous	$	$ 0	
Investments			Annual Sub-Category Totals: $ 0.00
Retirement Plan Contributions	$	$ 0	
Health Savings Acct. Contributions	$	$ 0	
Non-Qualified Savings	$	$ 0	
Other	$	$ 0	
Miscellaneous	$	$ 0	
Professional Fees			Annual Sub-Category Totals: $ 0.00
CPA/Tax Planning	$	$ 0	
Attorney/Legal Services	$	$ 0	
Financial Planning	$	$ 0	
Other	$	$ 0	
Miscellaneous	$	$ 0	

NEEDS

NEEDS	Monthly Amount	Annual Amount	Notes
Revolving Debt Service			Annual Sub-Category Totals: $ 0.00
Credit Cards	$	$ 0	
Hypo Loans	$	$ 0	
Personal Loans/Notes Payable	$	$ 0	
Bank Loans	$	$ 0	
Other	$	$ 0	
Miscellaneous	$	$ 0	
Taxes			Annual Sub-Category Totals: $ 0.00
State Income Taxes	$	$ 0	
Federal Income Taxes	$	$ 0	
Other	$	$ 0	
Miscellaneous	$	$ 0	
Monetary Gifts			Annual Sub-Category Totals: $ 0.00
Family	$	$ 0	
Miscellaneous	$	$ 0	
Total NEEDS	$ 0.00	$ 0.00	

Check this box when complete to calculate: ☑

WANTS

[Enter monthly cash-flow expenses in the following categories and any applicable notes.]

WANTS	Monthly Amount	Annual Amount	Notes
Travel			Annual Sub-Category Totals: $ 0.00
Airfare	$	$ 0	
Hotels	$	$ 0	
Rental Cars	$	$ 0	
Activities	$	$ 0	
Other	$	$ 0	
Miscellaneous	$	$ 0	
Hobbies/Entertainment			Annual Sub-Category Totals: $ 0.00
Dining Out	$	$ 0	
Club Dues	$	$ 0	
Recreation	$	$ 0	
Books, Magazines, Periodicals	$	$ 0	
Videos	$	$ 0	
Gaming	$	$ 0	
Movies	$	$ 0	
Event Tickets	$	$ 0	
Music	$	$ 0	
Tobacco	$	$ 0	
Gambling (Lottery, Cards, etc)	$	$ 0	
Other	$	$ 0	
Miscellaneous	$	$ 0	
Pets			Annual Sub-Category Totals: $ 0.00
Pet Food/Treats/Toys	$	$ 0	
Veterinarian	$	$ 0	
Other	$	$ 0	
Miscellaneous	$	$ 0	
Personal Care			Annual Sub-Category Totals: $ 0.00
Massage	$	$ 0	
Nails	$	$ 0	
Hair Care	$	$ 0	
Other	$	$ 0	
Miscellaneous	$	$ 0	
Total WANTS	$ 0.00	$ 0.00	

Check this box when complete to calculate: ☑

LIKES

[Enter monthly cash-flow expenses in the following categories and any applicable notes.]

LIKES	Monthly Amount	Annual Amount	Notes
Vacation Homes			Annual Sub-Category Totals: $ 0.00
Mortgage	$	$ 0	
Taxes	$	$ 0	
Homeowners Insurance	$	$ 0	
Association Dues	$	$ 0	
Maintenance/Repairs	$	$ 0	
Telephone/Fax	$	$ 0	
Internet	$	$ 0	
Cable	$	$ 0	
Electricity	$	$ 0	
Natural Gas	$	$ 0	
Firewood	$	$ 0	
Heating Oil & Other Fuels	$	$ 0	
Water & Other Public Services	$	$ 0	
Trash	$	$ 0	
Lawn/Yard Care	$	$ 0	
Alarm System	$	$ 0	
Pool/Hot Tub Service	$	$ 0	
Pest Control	$	$ 0	
Cash Down Payment	$	$ 0	
Other	$	$ 0	
Watercraft			Annual Sub-Category Totals: $ 0.00
Loan/Lease Payment(s)	$	$ 0	
Boaters Insurance	$	$ 0	
Fuel	$	$ 0	
Tags/Registration	$	$ 0	
Maintenance/Repairs	$	$ 0	
Slip/Dock Fees	$	$ 0	
Cash Down Payment	$	$ 0	
Other	$	$ 0	
Miscellaneous	$	$ 0	
Recreation/Hobbies			Annual Sub-Category Totals: $ 0.00
Other	$	$ 0	
Miscellaneous	$	$ 0	
Education			Annual Sub-Category Totals: $ 0.00
School Supplies/Books	$	$ 0	
Tuition Payments	$	$ 0	
Room & Board	$	$ 0	
Lunch Fees	$	$ 0	
School Uniforms	$	$ 0	
Extracurricular Activities	$	$ 0	
Other	$	$ 0	
Miscellaneous	$	$ 0	
Total LIKES	$ 0.00	$ 0.00	

Check this box when complete to calculate: ☐

WISHES

[Enter monthly cash-flow expenses in the following categories and any applicable notes.]

WISHES	Monthly Amount	Annual Amount	Notes
Heirs			Annual Sub-Category Totals: $ 0.00
Monetary Gifts	$	$ 0	
Purchased Gifts	$	$ 0	
School Supplies/Books	$	$ 0	
Tuition Payments	$	$ 0	
Room & Board	$	$ 0	
Lunch Fees	$	$ 0	
School Uniforms	$	$ 0	
Extracurricular Activities	$	$ 0	
Other	$	$ 0	
Miscellaneous	$	$ 0	
Charities/Institutions			Annual Sub-Category Totals: $ 0.00
Monetary Donations	$	$ 0	
Tithes	$	$ 0	
Other	$	$ 0	
Miscellaneous	$	$ 0	
			Annual Sub-Category Totals: $ 0.00
Gifts to Trusts	$	$ 0	
			Annual Sub-Category Totals: $ 0.00
Other	$	$ 0	
Total WISHES	$ 0.00	$ 0.00	

Check this box when complete to calculate: ☑

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