



EMERGING WEALTH

Investment Management, Inc.[®]

_____, 20__

ANNUAL CASH FLOW

QUESTIONNAIRE

FOR

ANNUAL CASH FLOW QUESTIONNAIRE

Instructions: Please list numbers for the current year, which you expect to spend or receive (i.e. do not list the new roof, which was installed last year). Annualize all numbers for each respective category. Do not duplicate numbers in different categories. If you must do so, please indicate the categories in which there is an overlap and provide a detailed explanation. If there are any large expenditures expected in coming years, please list at the end of the cash flow questionnaire in the section titled, "Future Large Expenditures." Under the columns titled client and spouse, please list those expenses unique to each individual such as clothing, cars, personal grooming expenditures, medical bills, recreational expenditures, work related expenditures, etc.

SOURCES OF CASH

CLIENT

SPOUSE

Salary	_____	_____
Number of pay periods per year	_____	_____
Royalties	_____	_____
Bonus or Profit Sharing Distribution	_____	_____
Deferred Compensation Payout	_____	_____
Unemployment Compensation	_____	_____
Net Schedule C Income	_____	_____
Sub-Chapter S Corp. Profits/Distributions	_____	_____
General Partnership Income	_____	_____
Limited Partnership Income	_____	_____
Stock Option Gain Proceeds	_____	_____
Social Security Benefits/Railroad Retirement/Gov't Pension	_____	_____
Pension/Profit Sharing or Other Retirement Plan Distributions	_____	_____
Annuity Distributions	_____	_____
I.R.A. Distributions	_____	_____
Auto Allowance	_____	_____
Moving Allowance, etc.	_____	_____
Oil & Gas Working Interest	_____	_____
Interest - Taxable	_____	_____
Interest - Non-taxable	_____	_____
Dividends	_____	_____
Capital Gains	_____	_____
Return of Investment Capital (principle from sale of stock, real estate, etc.)	_____	_____
Home Sale Proceeds	_____	_____
Home Improvement Loan Proceeds	_____	_____
Home Equity Loan Proceeds	_____	_____
Other Loan Proceeds	_____	_____
Inheritance	_____	_____
Note or Mortgage Receivable Return of Capital	_____	_____
Automobile Sale Proceeds	_____	_____
Insurance Policy Dividends	_____	_____
Other _____	_____	_____

ANNUAL CASH FLOW QUESTIONNAIRE

USES OF CASH

	<u>CLIENT</u>	<u>SPOUSE</u>	<u>CHILDREN/ HOUSEHOLD</u>
Family Maintenance Expenditures:	_____	_____	_____
Groceries/Household Products/Personal Care Items	_____	_____	_____
Non-household meals:			
Breakfasts	_____	_____	_____
Lunches	_____	_____	_____
Dinners	_____	_____	_____
Clothing	_____	_____	_____
Dry Cleaning/Laundry	_____	_____	_____
Publications	_____	_____	_____
Beauty salons/haircuts	_____	_____	_____
Children's Activities	_____	_____	_____
Children's Allowances	_____	_____	_____
Pre-tax Day Care account (provided by employer)	_____	_____	_____
Babysitter	_____	_____	_____
Child/Parent Support	_____	_____	_____
Alimony Payment	_____	_____	_____
Education/Tuition	_____	_____	_____
Job Related Expenses	_____	_____	_____
Supplies/Special Clothes (Circle which applies)	_____	_____	_____
Professional Fees/Dues (Circle which applies)	_____	_____	_____
Conference Fees	_____	_____	_____
Pre-tax Medical Care account (provided by employer)	_____	_____	_____
Non-reimbursed Medical Care	_____	_____	_____
Dentist	_____	_____	_____
Physician	_____	_____	_____
Hospital Related Expenses	_____	_____	_____
Prescription Drugs	_____	_____	_____
Other Medical Care	_____	_____	_____
Pet Expenses:			
Food	_____	_____	_____
Medical Care	_____	_____	_____
Grooming	_____	_____	_____
Other _____	_____	_____	_____
Computer Related Expenses (hardware, software)	_____	_____	_____
Auto Expenses (Non-business only):			
Cash Purchase	_____	_____	_____
Loan/Down Payment	_____	_____	_____
Loan/Note Payments	_____	_____	_____
Auto #1	_____	_____	_____
Auto #2	_____	_____	_____
Lease Payments:			
Auto #1	_____	_____	_____

	<u>CLIENT</u>	<u>SPOUSE</u>	<u>CHILDREN/ HOUSEHOLD</u>
Auto #2	_____	_____	_____
Operating/Maintenance Expenses:			
Gasoline	_____	_____	_____
Tires	_____	_____	_____
Repairs	_____	_____	_____
Licenses/Inspection	_____	_____	_____
Auto Club Membership	_____	_____	_____
Parking/Tolls	_____	_____	_____
Other Transportation Expenses	_____	_____	_____
Insurance Expenses:			
Homeowners	_____	_____	_____
Valuable Items	_____	_____	_____
Auto	_____	_____	_____
Boat	_____	_____	_____
Personal Umbrella	_____	_____	_____
Medical (Insurance only)	_____	_____	_____
Medicare Premium	_____	_____	_____
Long-Term Care	_____	_____	_____
Disability	_____	_____	_____
Life	_____	_____	_____
Accident	_____	_____	_____
Other	_____	_____	_____

Consumer Loans:			
Private Line of Credit	_____	_____	_____
Credit Cards	_____	_____	_____
Education	_____	_____	_____
Life Insurance	_____	_____	_____
Installment Loan	_____	_____	_____
Promissory Note	_____	_____	_____
Other	_____	_____	_____

Investment Loans:			
Margin Accounts	_____	_____	_____
Promissory Note/Installment Loan	_____	_____	_____
Stock Option Loan	_____	_____	_____
Limited Partnership - Note Payable	_____	_____	_____
Other	_____	_____	_____

Professional Service Expenditures:			
Attorney Fees	_____	_____	_____
Tax Preparation Fees	_____	_____	_____

	<u>CLIENT</u>	<u>SPOUSE</u>	<u>CHILDREN/ HOUSEHOLD</u>
Loan Application Fees (other than mortgage)	_____	_____	_____
Financial Planning Fees	_____	_____	_____
Asset Management Fees	_____	_____	_____
IRA Custodial Fees	_____	_____	_____
Safety Deposit Box	_____	_____	_____
Other	_____	_____	_____

Discretionary Expenditures:

Charitable Contributions	_____	_____	_____
Other Contributions	_____	_____	_____
Jewelry, Furs, etc.	_____	_____	_____

Gifts:

Birthday	_____	_____	_____
Weddings	_____	_____	_____
Showers	_____	_____	_____
Christmas/Hanukkah, etc.	_____	_____	_____

Entertainment:

Fine Dining	_____	_____	_____
Cinema/Theater	_____	_____	_____

Home Entertainment:

Movie Rentals	_____	_____	_____
Records/Tapes/Compact Discs	_____	_____	_____
Parties	_____	_____	_____

Recreation:

Sporting Events	_____	_____	_____
Sporting Activities Expenses:			_____
Club Dues	_____	_____	_____
Equipment Purchases/Rentals	_____	_____	_____
Activity Expenses	_____	_____	_____
Hobby Expenses	_____	_____	_____
Vacations/Weekend Excursions	_____	_____	_____
Time Sharing Expenses:			_____
Time Share Loan	_____	_____	_____
Payments	_____	_____	_____
Gambling Expenses	_____	_____	_____
Special Events (weddings/anniversaries/parties)	_____	_____	_____
Other	_____	_____	_____

	<u>CLIENT</u>	<u>SPOUSE</u>	<u>CHILDREN/ HOUSEHOLD</u>
Saving Related Expenses (Employee contributions only, unless self employed)			
Non-Qualified Deferred Compensation Plan	_____	_____	_____
I.R.A	_____	_____	_____
Money Purchase Profit Sharing Plan	_____	_____	_____
Money Purchase Pension Plan	_____	_____	_____
Target Benefit Pension Plan	_____	_____	_____
Simplified Employee Pension Plan (SEP-IRA)	_____	_____	_____
SARSEP Plan	_____	_____	_____
401(a) Savings Plan	_____	_____	_____
401(k) Profit Sharing Plan	_____	_____	_____
403(b) Tax-Sheltered Annuity	_____	_____	_____
457 Qualified Deferred Compensation Plan	_____	_____	_____
U.S. Savings Bonds - Payroll Deduction	_____	_____	_____
Periodic Scheduled Investing	_____	_____	_____
Other _____	_____	_____	_____
Future Large Expenditures (For years after the current year)			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____