

\_\_\_\_\_ **Agency Cash Flow: 20**\_\_  
*January 1, 20*\_\_ *through* \_\_\_\_\_, 20\_\_

Commission Revenues	<u>20</u>
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**Total Revenues**

**Expenses:**

Advertising	
Insurance/Employee Benefits	
Legal and Accounting	
Office Supplies/Printing/Postage	
Office Rent	
Salary Owner	
Staff Wages	
Payroll Tax	
Utilities/Telephone	
Misc	

**Total Expenses**

**Net Income**

\_\_\_\_\_  
*Printed Name*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature*