SAM Cash Flow Analysis Worksheet with P&L

MGIC

User Tips:
- **Add borrower information in blue-shaded fields**
- **Select the tax year(s) being reviewed**
- **Click the "O" button to expand income source section**
- **Use Summary section to analyze income trends**
- **Click the tax form line (shown in green) to access the searchable SEB manual**
- **Select the Reset Workbook button on top to clear all information**

[Reset Workbook]

BORROWER NAME: _____   **DATE:** _____

Select the Year(s): ➡ _____   _____

X	SCHEDULE B - INTEREST AND DIVIDENDS FROM SELF-EMPLOYMENT		
1	Recurring Interest Income: LINE 1 or 1040 LINE 2b		
2	Recurring Dividend Income: LINE 5 or 1040 LINE 3b		
	SUBTOTAL	$ -	$ -

X	SCHEDULE C - SOLE PROPRIETORSHIP		
	Name:		**+ −**
3	Net Profit (Loss): LINE 31		
4	Deduct nonrecurring income/add nonrecurring loss or expense: LINE 6		
5	Depletion: LINE 12		
6	Depreciation: LINE 13		
7	Meals or Meals and Entertainment Exclusion: LINE 24b	( )	( )
8	Business Use of Home: LINE 30		
9	Business Miles: page 2, part IV, LINE 44a	*Miles	*Miles
10a	x Depreciation Rate 2021: $0.26, 2020: $0.27, 2019: $0.26		
10b	= Total Mileage Depreciation		
11	Amortization/Casualty Loss (only if noted): page 2, part V		
	SUBTOTAL	$ -	$ -

X	SCHEDULE D - CAPITAL GAINS AND LOSSES		
12	Recurring Capital Gains (Loss): page 2, LINE 16 (details on FORM 8949)		
	SUBTOTAL	$ -	$ -

X	SCHEDULE E - SUPPLEMENTAL INCOME AND LOSS		
	To calculate rental property income (loss), use the Rental Income Worksheet		
13	Royalty Income (Loss): LINE 4		
14	Total Expenses: LINE 20	( )	( )
15	Depletion: LINE 18		
	SUBTOTAL	$ -	$ -

X	SCHEDULE F - FARM INCOME		
16	Net Profit (Loss): LINE 34		
17	Non-Tax Portion Ongoing Co-op & CCC Pmts: LINES 3a minus b through 6a minus b		
18	Deduct nonrecurring income/add nonrecurring loss: LINE 8		
19	Depreciation: LINE 14		
20	Amortization/Casualty Loss/Depletion (only if noted): LINE 32		
21	Business Use of Home (only if noted): LINE 32		
	SUBTOTAL	$ -	$ -

Partnership Cash Flow

Evaluate business income as required by your investor.

X	PARTNERSHIP	Name:		
	SCHEDULE K-1			
22	Ordinary Income (Loss): LINE 1 If > Distributions see additional requirements.		
23	Net Rental Income (Loss): LINES 2 & 3 If > Distributions see additional requirements.		
24	Guaranteed Payments: LINE 4c (2020 and 2019), LINE 4 (2018)		
	SUBTOTAL	$ -	$ -
	FORM W-2		

25	**Wages:** W-2, Box 5 (in general)					

FORM 1065

26	**Passthrough (Income) Loss from Other Partnerships:** LINE 4				
27	**Deduct nonrecurring income/add nonrecurring loss:** LINES 5, 6 & 7				
28	**Depreciation:** LINE 16c				
29	**Depreciation (FORM 8825):** LINE 14				
30	**Depletion:** LINE 17				
31	**Amortization/Casualty Loss (only if noted):** LINE 20 from attached statement				
32	**Mortgages or Notes Payable in Less Than 1 Year:** Schedule L, LINE 16, Column d	(	)	(	)
33	**Travel and Entertainment Exclusion:** Schedule M-1, LINE 4b	(	)	(	)
	SUBTOTAL	$	-	$	-
34	**Multiplied by Ownership Percentage**				
	Partner's Total Share of Income (Loss)	$	-	$	-

O	**PARTNERSHIP**	Name:		
O	**PARTNERSHIP**	Name:		
O	**PARTNERSHIP**	Name:		
O	**PARTNERSHIP**	Name:		
O	**PARTNERSHIP**	Name:		

S Corporation Cash Flow

Evaluate business income as required by your investor.

X	**S CORPORATION**	Name:		

SCHEDULE K-1

35	**Ordinary Income (Loss):** LINE 1 If > Distributions see additional requirements.				
36	**Net Rental Income (Loss):** LINES 2 & 3 If > Distributions see additional requirements.				
	SUBTOTAL	$	-	$	-

FORM W-2

37	**Wages:** W-2, Box 5 (in general)				

FORM 1120S

38	**Deduct nonrecurring income/add nonrecurring loss:** LINES 4 & 5				
39	**Depreciation:** LINE 14				
40	**Depreciation (FORM 8825):** LINE 14				
41	**Depletion:** LINE 15				
42	**Amortization/Casualty Loss (only if noted):** LINE 19 from attached statement				
43	**Mortgages or Notes Payable in Less Than 1 Year:** Schedule L, LINE 17, Column d	(	)	(	)
44	**Travel and Entertainment Exclusion:** Schedule M-1, LINE 3b	(	)	(	)
	SUBTOTAL	$	-	$	-
45	**Multiplied by Ownership Percentage**				
	Shareholder's Total Share of Income (Loss)	$	-	$	-

O	**S CORPORATION**	Name:		
O	**S CORPORATION**	Name:		
O	**S CORPORATION**	Name:		
O	**S CORPORATION**	Name:		
O	**S CORPORATION**	Name:		

Corporation Cash Flow

Evaluate business income as required by your investor.

X	**CORPORATION**	Name:		

FORM W-2

46	Wages: W-2, Box 5 (in general)		
	FORM 1120		
47	Taxable Income: LINE 30		
48	Total Tax: LINE 31	( )	( )
49	Deduct nonrecurring gains/add nonrecurring losses: LINES 8 & 9		
50	Deduct nonrecurring income/add nonrecurring loss: LINE 10		
51	Depreciation: LINE 20		
52	Depletion: LINE 21		
53	Amortization/Casualty Loss (only if noted): LINE 26 from attached schedule		
54	Net Operating Loss and Special Deductions: LINES 29a & b		
55	Mortgages or Notes Payable in Less Than 1 Year: Schedule L, LINE 17, Column d	( )	( )
56	Travel and Entertainment Exclusion: Schedule M-1, LINE 5c	( )	( )
	SUBTOTAL	$ -	$ -
57	Multiplied by Ownership Percentage		
58	Dividends Paid to Borrower: Form 1040, Schedule B, LINE 5	( )	( )
	Corporation's Total Share of Income (Loss)	$ -	$ -

O	CORPORATION	Name:	

O	CORPORATION	Name:	

Cash Flow Analysis Summary

- **To modify the Total No. of Months select the applicable number from the # mo. drop-down box.**
- **To exclude a Subtotal from Qualifying Income, select the box to the left of the dollar amount.**

Subtotal

√	$	10,000.00

PERSONAL CASH FLOW SUBTOTALS:

	Subtotal	# mo.	Subtotal	# mo.	Qualifying Income	Total No. of Months

PARTNERSHIP & S CORPORATION CASH FLOW SUBTOTALS:

CORPORATION CASH FLOW SUBTOTALS:

Average Monthly Cash Flow (Total)			$ -	

Comments / Notes *(For a new line, hold Alt and press Enter)*