



CHECKLIST OF INFORMATION NEEDED FOR FINANCIAL PLANNING:

All information provided will remain confidential. **You DO NOT need to make copies.** If you provide us with original documents, we will scan what we need and return the originals to you. Please be as complete as possible.

- **Cash Flow Information**

- 1. List of Household Expenses (see page 3)
- 2. Pay Check Stubs (2 most recent)

- **Tax Returns from last 4 years (federal and state with pertinent schedules attached):**

- 1. Personal Income Tax Returns
- 2. Children's Income Tax Returns
- 3. Gift Tax Returns (most recent)
- 4. Business Income Tax Returns

- **Estate Planning Documents**

- 1. Wills
- 2. Living Wills
- 3. Letters of Final Instruction
- 4. Medical Powers of Attorney
- 5. Financial Powers of Attorney
- 6. Trust Agreements

- **Legal Agreements**

- 1. Divorce or Separation Agreements
- 2. Prenuptial Agreements

- **Business Agreements & Annual Reports for:**

- 1. Closely Held Corporations
- 2. Partnerships
- 3. Other Business Ventures

- **Account Statements for Assets**

- 1. Bank Accounts
- 2. Mutual Fund Accounts
- 3. Brokerage Accounts
- 4. IRAs (traditional/Roth)
- 5. Retirement Plans (401k, etc)
- 6. Annuities
- 7. Deferred Compensation Plans
- 8. Pension Plans
- 9. Social Security Statements (most recent)
- 10. Children's Accounts

- **Account Statements for Liabilities**

- 1. Mortgages
- 2. Equity Lines or Loans
- 3. Car Loans
- 4. Student Loans
- 5. Credit Cards (any account with outstanding balance)
- 6. Any Other Debt

- **Insurance Policy Statements (actual policy, declarations page, etc)**

- 1. Life
- 2. Health
- 3. Disability
- 4. Automobile
- 5. Homeowners/Renters
- 6. Umbrella Liability
- 7. Professional liability

- **Other Information (anything else you feel is important for us to have)**

PERSONAL INFORMATION

CLIENT _____

CLIENT _____

Birth-date ____ / ____ / ____

Birth-date ____ / ____ / ____

SSN ____ - ____ - ____

SSN ____ - ____ - ____

Driver's License No. _____

Driver's License No. _____

Street Address _____

City/State/ZIP _____

Mailing Address (if different) _____

City/State/ZIP _____

Home Phone (____) _____

County _____

Cell Phone (____) _____

Cell Phone (____) _____

Work Phone (____) _____

Work Phone (____) _____

Home Email _____

Home Email _____

Work Email _____

Work Email _____

EMPLOYER _____

EMPLOYER _____

Address _____

Address _____

Occupation _____

Occupation _____

Salary _____

Salary _____

Other Earned Income _____

Other Earned Income _____

CHILDREN / DEPENDENTS

Name	Sex	Birth-date	SSN	Marital Status	No. of Children
_____	___	____ / ____ / ____	____ - ____ - ____	_____	_____
_____	___	____ / ____ / ____	____ - ____ - ____	_____	_____
_____	___	____ / ____ / ____	____ - ____ - ____	_____	_____
_____	___	____ / ____ / ____	____ - ____ - ____	_____	_____

Primary Residence	Market Value	Current Balance	Initial Balance	Date Began	Rate (%)	Fixed or Variable	Term (years)
1 st Mortgage	\$ _____	\$ _____	\$ _____	_____	_____	_____	_____
2 nd Mortgage (if applicable)	\$ _____	\$ _____	\$ _____	_____	_____	_____	_____

LIST OF HOUSEHOLD EXPENSES

		<u>Monthly</u>		<u>Annually</u>
Mortgage Payments/Rent _____	_____	_____	_____	_____
Real Estate Taxes (if paid separately) _____		_____	_____	_____
Homeowner's Insurance Premiums (if paid separately) _____		_____	_____	_____
Auto Insurance Premiums _____	_____	_____	_____	_____
Umbrella Liability Insurance Premiums _____		_____	_____	_____
Other Loan Payments _____	_____	_____	_____	_____
Health Insurance Premiums _____	_____	_____	_____	_____
Dental Insurance Premiums _____	_____	_____	_____	_____
Out-of-Pocket Medical and Dental Expenses _____		_____	_____	_____
Utilities (Gas, Water, Electric, Cable, Phone, Cell, Internet) _____		_____	_____	_____
Groceries _____	_____	_____	_____	_____
Clothes & Dry Cleaning _____	_____	_____	_____	_____
Child Care _____	_____	_____	_____	_____
Automobile (Gas, Tires, Maintenance) _____	_____	_____	_____	_____
Home Maintenance _____	_____	_____	_____	_____
Yard & Pool Maintenance _____	_____	_____	_____	_____
Disability Insurance Premiums _____	_____	_____	_____	_____
Life Insurance Premiums _____	_____	_____	_____	_____
Allowances/Cash Spending _____	_____	_____	_____	_____
Vacation _____	_____	_____	_____	_____
New Household Purchases (Furniture, etc.) _____	_____	_____	_____	_____
Dining Out _____	_____	_____	_____	_____
Hobbies/Club Dues/Recreation _____	_____	_____	_____	_____
Gifts _____	_____	_____	_____	_____
Donations _____	_____	_____	_____	_____
Subscriptions _____	_____	_____	_____	_____
Family Personal Expenses _____	_____	_____	_____	_____
Education _____	_____	_____	_____	_____
Pets _____	_____	_____	_____	_____
Maid Service _____	_____	_____	_____	_____
Other _____	_____	_____	_____	_____
Other _____	_____	_____	_____	_____
Other _____	_____	_____	_____	_____