



FINANCIAL PLANNING QUESTIONNAIRE

The following checklist summarizes the documents we will need to prepare your financial plan. Please review this list and gather only those items that apply to you. Many may not. Additionally, if some of this information is difficult to pull together, please call and we can discuss whether it is critical to our planning.

DOCUMENT REQUEST AND CHECKLIST

Document	You	Spouse
PERSONAL DOCUMENTS		
Personal Tax Returns – Last Year’s	<input type="checkbox"/>	<input type="checkbox"/>
Wills & Trusts	<input type="checkbox"/>	<input type="checkbox"/>
Ancillary Estate Documents (Durable & Healthcare Powers of Attorneys, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Other Legal Documents & Agreements	<input type="checkbox"/>	<input type="checkbox"/>
Current Personal Financial Statement or Balance Sheet	<input type="checkbox"/>	<input type="checkbox"/>
Pay Stub – Most Recent	<input type="checkbox"/>	<input type="checkbox"/>
Investment Information – Brokerage Statements & Partnership Documents	<input type="checkbox"/>	<input type="checkbox"/>
Home Mortgage Note or Amortization Schedule	<input type="checkbox"/>	<input type="checkbox"/>
Other Notes or Liabilities	<input type="checkbox"/>	<input type="checkbox"/>
Family Budget or Personal Monthly Cash Flow	<input type="checkbox"/>	<input type="checkbox"/>
All Gift Tax Returns	<input type="checkbox"/>	<input type="checkbox"/>
INSURANCE AND EMPLOYEE BENEFITS		
Personal Life Insurance Policies	<input type="checkbox"/>	<input type="checkbox"/>
Group Life and Employer Provided Life Insurance Benefits	<input type="checkbox"/>	<input type="checkbox"/>
Disability Insurance Benefits: Individual / Employer Provided	<input type="checkbox"/>	<input type="checkbox"/>
Qualified Plan Info: Pension / Profit Sharing / SEP / Keogh / IRA	<input type="checkbox"/>	<input type="checkbox"/>
Thrift Savings Plans: 401k / Deferred Compensation Plans	<input type="checkbox"/>	<input type="checkbox"/>
Stock Options	<input type="checkbox"/>	<input type="checkbox"/>
Auto, Home, Umbrella, etc.	<input type="checkbox"/>	<input type="checkbox"/>
CORPORATE DOCUMENTS (MAY NOT BE APPLICABLE)		
Company Financial Statements & Tax Return – Last Year’s	<input type="checkbox"/>	<input type="checkbox"/>
Buy / Sell Agreements	<input type="checkbox"/>	<input type="checkbox"/>
Employment Contracts	<input type="checkbox"/>	<input type="checkbox"/>
Sale / Lease – Back Contracts: Building and Equipment	<input type="checkbox"/>	<input type="checkbox"/>
Group Census	<input type="checkbox"/>	<input type="checkbox"/>



FINANCIAL PLANNING QUESTIONNAIRE

Please fill out this questionnaire as accurately and completely as possible. In some cases, a statement from your bank, broker/custodian, mutual fund company, etc. will suffice. You may estimate or make rough guesses where necessary; if you do so, please identify these answers clearly by putting a question mark in the margin next to your response. Complete only those sections that apply to your financial plan.

PERSONAL INFORMATION

Your Full Name: _____	Spouse's Full Name: _____
Date of Birth: _____	Date of Birth: _____
Social Security #: _____	Social Security #: _____
Drivers License #: _____	Drivers License #: _____
Email Address: _____	Email Address: _____
Home Address _____ _____	
Home Phone #: () _____	Marriage Date: _____

CHILDREN AND GRANDCHILDREN

CHILDREN INFORMATION				EDUCATION PLANNING		
Name	Date of Birth	Social Security #	Claimed as Dependent	Number of Years in College	Location	Type
			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> In State <input type="checkbox"/> Out of State	<input type="checkbox"/> Public <input type="checkbox"/> Private
			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> In State <input type="checkbox"/> Out of State	<input type="checkbox"/> Public <input type="checkbox"/> Private
			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> In State <input type="checkbox"/> Out of State	<input type="checkbox"/> Public <input type="checkbox"/> Private
			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> In State <input type="checkbox"/> Out of State	<input type="checkbox"/> Public <input type="checkbox"/> Private
			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> In State <input type="checkbox"/> Out of State	<input type="checkbox"/> Public <input type="checkbox"/> Private

Number of Grandchildren: _____ Ages: _____



FINANCIAL PLANNING QUESTIONNAIRE

FAMILY HEALTH AND DEPENDENCY

Do any members of your family have significant health problems? Yes No

If yes, please provide details:

Does anyone other than your children depend financially on you or your spouse? Yes No

If yes, please provide details:

ADVISERS

Type	Name	Phone Number	Email Address
CPA			
Attorney			
Banker			
Insurance Agent			
Stockbroker			
Trust Officer			



FINANCIAL PLANNING QUESTIONNAIRE

EMPLOYMENT

Your Employer:	_____	Spouse's Employer:	_____
Industry:	_____	Industry:	_____
Position/Title:	_____	Position/Title:	_____
Years Employed:	_____	Years Employed:	_____
Phone Number:	_____	Phone Number:	_____

Are you or your spouse engaged in any professional activities, paid or unpaid, outside of your main employment (e.g., moonlighting, board memberships, volunteer work, professional association memberships, etc.)? Yes No

If yes, please provide details:

FINANCIAL PLANNING GOALS

Please list your specific financial planning goals and indicate their **relative importance** to you and your spouse. If possible, quantify your goal (i.e., I would like to retire with \$50,000 per year of income)

GOAL	IMPORTANCE	
	You	Spouse
	<input type="checkbox"/> Very <input type="checkbox"/> Somewhat	<input type="checkbox"/> Very <input type="checkbox"/> Somewhat
	<input type="checkbox"/> Very <input type="checkbox"/> Somewhat	<input type="checkbox"/> Very <input type="checkbox"/> Somewhat
	<input type="checkbox"/> Very <input type="checkbox"/> Somewhat	<input type="checkbox"/> Very <input type="checkbox"/> Somewhat
	<input type="checkbox"/> Very <input type="checkbox"/> Somewhat	<input type="checkbox"/> Very <input type="checkbox"/> Somewhat
	<input type="checkbox"/> Very <input type="checkbox"/> Somewhat	<input type="checkbox"/> Very <input type="checkbox"/> Somewhat



FINANCIAL PLANNING QUESTIONNAIRE

PERSONAL OBJECTIVES

OBJECTIVE	IMPORTANCE TO YOU			SPOUSE		
	Very	Somewhat	Not	Very	Somewhat	Not
Saving regularly \$_____ per YR / MO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Making a major purchase (e.g., second home, car)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taking a dream vacation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minimizing personal income taxes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Developing or revising your investment strategy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Investing for a comfortable retirement income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Providing for your children's education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Providing for your grandchildren's education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Making gifts to relatives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Making gifts to charity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minimizing estate tax	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Determining distribution of estate assets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Avoiding probate costs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minimizing the burden of health care costs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Providing for your family in the event of your or your spouse's death	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Providing for your family in the event of your or your spouse's disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Changing or modifying career	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



FINANCIAL PLANNING QUESTIONNAIRE

ASSETS & LIABILITIES

Please include copies of your most recent statements or net worth statement.

ASSET SUMMARY	Attached or Value	ASSET SUMMARY (CONT.)	Attached or Value
Checking		Personal Residence(s)	
Savings/Bank			
		Personal Property	
		<i>Auto 1</i>	
		<i>Auto 2</i>	
Brokerage Accounts		<i>Furniture</i>	
		<i>Jewelry/Art</i>	
		<i>Other</i>	
		LIABILITIES SUMMARY	Attached or Balance
		1 st Mortgage (Int. Rate ____%)	
Stock Options		Date of Origin: _____ Term: ____	
		Monthly Payment (Principal + Int.)	
Mortgage/Note Receivable		2 nd Mortgage (Int. Rate ____%)	
Annuities		Date of Origin: _____ Term: ____	
		Monthly Payment (Principal + Int.)	
Life Insurance Cash Value			
		Home Equity Line	
Limited Partnerships			
		Credit Cards	
Retirement Plans		Notes Payable	
		Auto Loans	
		Investment Loans	
		Margin Account Balance	
Investment Property		Future Obligations	
		Other	



FINANCIAL PLANNING QUESTIONNAIRE

BORROWING & CREDIT

- Do you or your spouse have a line of credit with a bank? Yes No
 How Much? _____
- Are you considering making a major durable goods purchase (car, trailer, appliance, etc.) in the near future? Yes No
 How much do you plan to spend? _____
- Are you considering the purchase of a home in the near future? Yes No
 Time Frame: _____ How much do you plan to spend? _____
- Are you considering any major home improvements? Yes No
 Time Frame: _____ How much do you plan to spend? _____
- Are you considering the purchase of a vacation time share? Yes No
 Time Frame: _____ How much do you plan to spend? _____
- Have you or your spouse considered leasing a personal automobile? Yes No
 Time Frame: _____ How much do you plan to spend? _____
- Are you considering securing a home equity loan Yes No
 Time Frame: _____ How much do you plan to spend? _____

INCOME

Please include a copy of your most recent paystub(s).

Annual Income	You	Increase Rate/Year	Spouse	Increase Rate/Year
Salary (Gross)				
Bonus				
Net Business Income (Loss)				
Dividends/Interest				
Social Security				
Net Rental Income (Loss)				
Gifts				
Retirement Income				
Other				
TOTAL GROSS INCOME				



FINANCIAL PLANNING QUESTIONNAIRE

EXPENSES

Expense	Amount	% Increase per Year	% Increase / Reduction in Retirement
DEBT SERVICING	Per (MO / YR)		
Mortgage	Per (MO / YR)		
Auto Loans / Lease	Per (MO / YR)		
Other: _____	Per (MO / YR)		
INSURANCE	Per (MO / YR)		
Homeowner's	Per (MO / YR)		
Auto	Per (MO / YR)		
Umbrella	Per (MO / YR)		
Life Insurance	Per (MO / YR)		
Disability	Per (MO / YR)		
Long Term Care	Per (MO / YR)		
Other: _____	Per (MO / YR)		
GENERAL LIVING	Per (MO / YR)		
Electric	Per (MO / YR)		
Water	Per (MO / YR)		
Gas	Per (MO / YR)		
Food	Per (MO / YR)		
Dining Out	Per (MO / YR)		
Clothing	Per (MO / YR)		
Security	Per (MO / YR)		
Internet	Per (MO / YR)		
TV	Per (MO / YR)		
Pool / Yard Maintenance	Per (MO / YR)		
Auto Repair & Maintenance	Per (MO / YR)		
Fuel	Per (MO / YR)		
Vacations	Per (MO / YR)		
Other: _____	Per (MO / YR)		
Other: _____	Per (MO / YR)		
Other: _____	Per (MO / YR)		
MEDICAL AND TAXES	Per (MO / YR)		
Federal Taxes	Per (MO / YR)		
Real Estate Taxes	Per (MO / YR)		
Prescriptions and Doctors	Per (MO / YR)		
Charitable Contributions	Per (MO / YR)		



FINANCIAL PLANNING QUESTIONNAIRE

INSURANCE & ANNUITIES

Please include a copy of the Declaration Page from each policy.

Insurance Type	Premium Paid By		You		Spouse	
	You	Employer	Yes	No	Yes	No
Life Insurance – Type: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Life Insurance – Type: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Life Insurance – Type: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Life Insurance – Type: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Life Insurance – Type: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Annuity - Fixed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Annuity – Variable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hospitalization, Major Medical, HMO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Long-Term Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Short-Term Disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Long-Term Disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Umbrella Liability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional Liability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Director’s Liability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Automobile	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homeowner’s or Renter’s	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specified Personal Property (for valuables)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



FINANCIAL PLANNING QUESTIONNAIRE

RETIREMENT PLANNING

If you are already retired, please skip this section and proceed to Estate Planning.

At what age do you and your spouse plan to retire? You _____ Spouse _____

Have you invested in tax-deferred annuities or are you considering doing so? Yes No

Are you taking full advantage of elective deferrals (401k and 403b plans)? Yes No

Do you expect to receive an inheritance within the year? If so, \$ _____ Yes No

Does your spouse expect to receive an inheritance within the year? If so, \$ _____ Yes No

Are you eligible for Social Security benefits? Yes No

Is your spouse eligible for Social Security benefits? Yes No

Have you estimated how much income you will have upon retirement? Yes No

If you have estimated your retirement income, do you think it's sufficient to live on? Yes No

Will you have the option of taking a lump-sum pension payment at retirement? Yes No

What will your income requirements be when you retire (in today's dollars)? Yes No

Describe your plans for retirement. Include a description of your retirement lifestyle.



FINANCIAL PLANNING QUESTIONNAIRE

ESTATE PLANNING

Please provide copies of wills, trusts, and any other estate or ancillary documents.

	You		Spouse	
	Yes	No	Yes	No
Do you have a will?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there any amendments to the will?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you planning to make any changes to the will?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the will up-to-date?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a Durable Power of Attorney?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a Living Will?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a Directive to Physicians?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a Medical Power of Attorney?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a Authorization for Disclosure of Protected Health Information (HIPAA Authorization)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you designated the distribution of personal property to heirs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you receive income from any trust?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you created a trust except as part of your will?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you expect to be named a beneficiary of a trust?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a letter of instructions that provides information about your insurance policies, investments, funeral preferences, etc?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you discussed the contents and whereabouts of your will and letter of instructions with your immediate family?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If applicable, have you appointed a financial guardian for your children?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you established an adult guardianship arrangement for yourself in the event you become disabled or mentally incompetent?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



FINANCIAL PLANNING QUESTIONNAIRE

PLANNING, RECORD-KEEPING & TAXES

- Are you satisfied with your personal record-keeping system? Yes No
- Do you have a safe-deposit box for storage of valuable papers and possessions? Yes No
- Do you have a comprehensive and up-to-date inventory of your household furnishings and possessions? Yes No
- Do you have a list of the contents of your wallet or purse? Yes No
- Does your spouse have a list of the contents of his or her wallet or purse? Yes No
- Do you periodically prepare a personal balance sheet; i.e., a listing of your assets and liabilities? Yes No
- Do you periodically prepare a budget that lists expected income and expenses? Yes No
- Do you prepare your own income tax return? Yes No
- Do you consider yourself knowledgeable on tax-saving techniques and the latest changes in the tax law? Yes No
- In your opinion, is your personal record-keeping system adequate enough to be useful in preparing your tax return? Yes No
- Do you keep a notebook handy to record miscellaneous tax-deductible expenses? Yes No
- Are you familiar with the potential benefits of tax-sheltered investments? Yes No
- Does your tax situation require immediate, large tax write-offs? Yes No

ACCURACY OF INFORMATION PROVIDED

Overall, how would you classify the information provided in this questionnaire?

- Very accurate
- Based on estimates that are reasonably accurate
- Based on rough estimates

Date completed: _____

By: _____ By: _____