

Personal & Confidential Information

Name: _____ Birth date: _____

Spouse Name: _____ Birth date: _____

Occupation: _____ Income: _____

Spouse Occupation: _____ Income: _____

Home Address: _____

City/State/Zip: _____

Work Phone: _____ Cell Phone: _____

Home Phone: _____ Email: _____

of Children: _____ Ages: _____ # of Grandchildren: _____ Ages: _____

Yrs. until retirement: _____ Monthly (after tax) income required during retirement: _____

How much you would like to put away tax deferred each year into a tax favorable plan: _____

Anticipated long-term investment return: _____

Business/Practice Information: Gross Revenue: _____

Accounts Receivables (\$): _____ # of employees: _____

Balance Sheet

Asset (or Liability)	Fair Market Value of Asset(s)	Date Purchased	Cost Basis	How is Asset Held? Own name, jointly, living trust, LP, other?
<u>Pensions & Profit Sharing Plans & IRAs</u>				
1) _____	_____	_____	_____	_____
2) _____	_____	_____	_____	_____
3) _____	_____	_____	_____	_____
<u>Home/Personal Residence</u>				
_____	_____	_____	_____	_____

Asset (or Liability)	Fair Market Value of Asset(s)	Date Purchased	Cost Basis	How is Asset Held? Own name, jointly, living trust, LP, other?
Brokerage Accounts, Bank Accounts, CDs				
1) _____	_____	_____	_____	_____
2) _____	_____	_____	_____	_____
3) _____	_____	_____	_____	_____

Business Interests, Ltd. Partnerships, etc.				
1) _____	_____	_____	_____	_____
2) _____	_____	_____	_____	_____
3) _____	_____	_____	_____	_____

Asset (or Liability)	Cash Surrender Value if not Term	Date Purchased	Annual Premium	How is Asset Held? Own name, jointly, living trust, LP, other?
Life insurance: Face amount				
1) _____	_____	_____	_____	_____
2) _____	_____	_____	_____	_____
3) _____	_____	_____	_____	_____

Asset (or Liability)	Amount of Coverage	Date Purchased	Annual Premium	How is Asset Held? Own name, jointly, living trust, LP, other?
Long-Term Care Insurance				
1) _____	_____	_____	_____	_____
2) _____	_____	_____	_____	_____

Comments:

Document	Y/N	Year Last Updated
Last Will & Testament(s)	_____	_____
Durable Powers (medical and/or legal)	_____	_____
Revocable Living Trust(s)	_____	_____
Irrevocable Life Insurance Trust(s)	_____	_____
Qualified Personal Residence Trust(s)	_____	_____
Family Limited Partnership(s)	_____	_____
Family Limited Liability Company(ies)	_____	_____
Charitable Lead/Remainder Trust(s)	_____	_____
Split Dollar or Buy-Sell Agreement(s)	_____	_____
Other:	_____	_____
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____
4) _____	_____	_____

Concerns

Please rank each concern on a scale of 1 to 10. (1=not concerned, 10 = very concerned):

_____ **Minimizing Income Tax Liabilities**

_____ **Reducing Capital Gains Taxes on Investments**

_____ **Diversifying an Investment Portfolio**

_____ **Planning for Retirement**

_____ **Protecting Family Income against Disability/Death**

_____ **Protecting Wealth from Potential Lawsuits**

_____ **Protecting My Pension from the 83% Tax Trap**

_____ **Life Insurance Needs**

_____ **Reducing Estate Taxes**

_____ **Business Succession Planning**

_____ **Planning For Parents/Elders**

_____ **Charitable Planning**

Other Information

What type of business do you have? ___ S, ___ C, ___ LLC, or PC, or PA, ___ Sole Proprietor

If you have multiple businesses, please attach an addendum to this questionnaire.

If your business is an LLC, PC, or PA how is it treated for tax purposes?

___ Sole Proprietor, ___ Partnership (most default to this), ___ S-Crop., ___ C-Corp.

Do you currently have a 401(k)/profit sharing plan or defined benefit plan? ___ Yes, ___ No

If yes, who is the administrator and how much are you allowed to income tax defer each year?

What is the value of your home? _____

If you have a mortgage, what is the balance, interest rate, terms (interest only, 30-year fixed) and when did the mortgage originate? _____

What is your risk tolerance when investing in the stock market?

- High _____
- Medium _____
- Low _____

Comments:

Please make any comments below that you think would be important to someone who is creating a 5-8 page summary of your current (or lack of) asset protection, estate and financial plan.

Professional Advisors

If we work together, we may wish to coordinate the planning with your other trusted advisors. This can often make the planning seamless and less expensive for you. We will not share your information on this form with them without your permission.

Your Accountant

Name: _____ Firm: _____

Address: _____

City/State/Zip: _____

Work Phone: _____ For how long: _____

Your Attorney

Name: _____ Firm: _____

Address: _____

City/State/Zip: _____

Work Phone: _____ For how long: _____

Your Investment Advisor/Broker

Name: _____ Firm: _____

Address: _____

City/State/Zip: _____

Work Phone: _____ For how long: _____

Your Insurance Agent/Broker/Financial Planner

Name: _____ Firm: _____

Address: _____

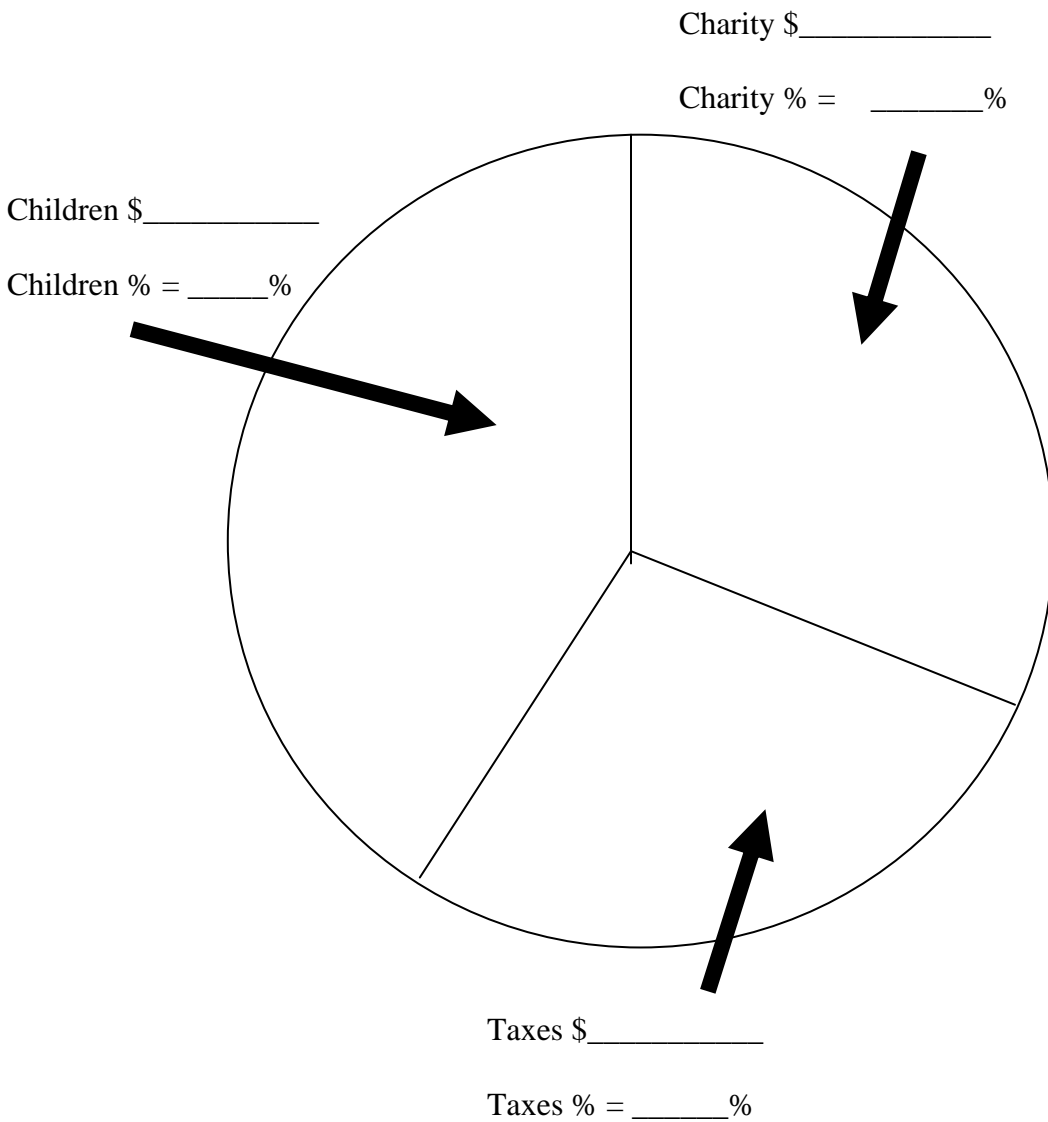
City/State/Zip: _____

Work Phone: _____ For how long: _____

Estate Distribution Analysis

DIRECTIONS:

At the time of your death, how much would you like to leave to the following entities? Please fill out how much in dollars (\$\$\$) and as a percentage (%), that you would like to leave to Charity, Children, and Taxes.



Total Financial Independence

A worksheet to determine how much in unnecessary income taxes you are paying

1) Estimate your annual living expenses (food, clothing, travel, entertainment, automobile, rent, college funding, mortgages (with your mortgage calculate the after tax costs due to the income tax deduction on your personal taxes), etc...

Living Expenses (after tax) \$ _____(a)

2) Divide your annual living costs by sixty percent (.6) to calculate how much taxable income you need to take home each month to pay your living expenses.

Living Expenses (a) \$ _____ ÷ .6 = \$ _____(b)

3) Estimate your "net" practice or business income after all expenses (do not deduct your personal income (this number should be your take home income before income taxes or matching payroll taxes)).

\$ _____(c)

4) Calculate your total pre-tax income.

Pre-tax income from medical practice (c) \$ _____

Any outside pre-tax income (rents, speaking fees) \$ _____

Spouse's pre-tax income \$ _____

Total pre-tax income (add the above three) \$ _____(d)

5) Subtract living expenses from pre-tax income

Total annual pre-tax income (d) \$ _____

Minus annual living expenses (b) \$ _____

"Surplus" pre-tax earnings \$ _____(e)

6) Multiply "surplus" pre-tax income times 40% to calculate estimated annual losses to unnecessary income taxes.

\$ _____ (e) X 40% = \$ _____