

WEALTH PLANNING

EARNING TRUST.
CREATING PLANS.
DELIVERING RESULTS.



DATA REQUEST

PERSONAL INFORMATION:

Name and Date of Birth _____
 Spouse Name and Date of Birth _____
 Dependents Name and Date of Birth _____
 Dependents Name and Date of Birth _____
 Dependents Name and Date of Birth _____
 Dependents Name and Date of Birth _____

Enclosed Not Applicable

ASSETS: (Please provide statements where available)

Investment Statements
 Brokerage, IRA, Roth IRA, Annuity, Other: Basis
Retirement Plans
 Company Contributions, Vesting
Real Estate
 Address
Bank Statements
 Checking, Savings, Certificates
Business Interests
 Value, Basis, Anticipated Growth
Notes Receivable Held
 Balance, Payment, Rate Terms

LIABILITIES: (Please provide statements)

Mortgage / Credit Card / Student Loans / Other
 Term, Rate, Balance, Payment

TAXES:

Income Tax Returns
 Or accountant email
Gift Tax Returns
 Or accountant email

INSURANCE: (Please provide statements or policies)

Company / Group Insurance
 Life, Disability, Long-Term Care
Individual Insurance
 Life, Disability, Long-Term Care

LEGAL: (Include documents)

Will / Power of Attorney / Living Will
 Or attorney email
Trusts / Prenuptial / Divorce Decree
 Or attorney email
Entity Agreements
 Buy/Sell, Operating, Close Corp

INCOME:

Two Most Recent Paystubs

Social Security Statement
 Socialsecurity.gov/mystatement
Pension Information

EXPENSES:

Spending Amounts - see cash flow worksheet



CASH FLOW WORKSHEET

	Monthly	Annual
<u>INCOMES</u>		
Salary, Wages, Tips (W-2)	_____	_____
Child Support, Alimony	_____	_____
Business Income (taxable income/distribution)	_____ / _____	_____ / _____
Self-Employment Income	_____	_____
Net Rental Income	_____	_____
Trust or Gift Income	_____	_____
Social Security	_____	_____
Pension	_____	_____
<u>PRE-TAX WITHDRAWALS (N/A if Paystubs were provided)</u>		
Contributions to retirement plans (401k, 403b, SIMPLE, etc) (amount or percentage)	_____	_____
Health Insurance Premiums	_____	_____
Group Insurance (Life, Disability, Long-Term Care)	_____	_____
Flexible Spending or Health Savings Account	_____	_____
Dependent Care Account	_____	_____
<u>EMPLOYER PROVIDED BENEFITS (N/A if Paystubs were provided)</u>		
Retirement Plan Matching Contrib./Profit Sharing (amount or percentage)	_____	_____
Flexible Spending or Health Savings Account	_____	_____
Company Paid Life Insurance	_____	_____
<u>EXPENSES</u>		
<u>Housing Expenses</u>		
Gas/Electric/Water/Sewer/Trash	_____	_____
Property Taxes	_____	_____
Home Insurance	_____	_____
Mortgage Payment (principal & interest only)	_____	_____
Phone/Cell phone/Cable/Internet	_____	_____
Repairs/Maintenance/Other Housing Expenses	_____	_____
<u>Daily Living Expenses</u>		
Food (include groceries & dining)	_____	_____
Personal Items (toiletries), Clothing, Jewelry	_____	_____
Subscriptions, Memberships, Dues, Other Living Expenses	_____	_____
Healthcare expenses (not covered by FSA/HSA)	_____	_____
<u>Auto Expenses</u>		
Auto/Lease Payments	_____	_____
Maintenance/Repair/Insurance/Fuel/Other	_____	_____
<u>Liability Expenses</u>		
Credit Card Payments (General Expenses Not Separately Itemized - Monthly Card Balance Paid in Full) (Revolving Debt - Term Repayment Amount)	_____	_____
Student/Bank Loan Payments	_____	_____
Line of Credit/Home Equity Payments	_____	_____
Other Liability Expenses	_____	_____
<u>Gifts</u>		
Christmas, Birthdays, Weddings, etc.	_____	_____
Charitable Giving	_____	_____
<u>Extraordinary Items</u>		
Vacation/Travel	_____	_____
Other Extraordinary Items (College, etc.)	_____	_____
Child Care Expenses (not covered by dependent care account)	_____	_____