

## 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)

Personal Financial Statement	<input type="checkbox"/>	<input type="checkbox"/>
Investment Statements <i>Personal, Joint, IRA, Roth IRA, Basis, Other</i>	<input type="checkbox"/>	<input type="checkbox"/>
Retirement Plan Statements <i>401(k), Pension, Profit Sharing, Vesting, Company Match, Investment Options</i>	<input type="checkbox"/>	<input type="checkbox"/>
Real Estate <i>Value, Basis</i>	<input type="checkbox"/>	<input type="checkbox"/>
Bank Statements <i>Checking, Savings, Certificates</i>	<input type="checkbox"/>	<input type="checkbox"/>
Business Interests <i>Value, Basis, Anticipated Growth</i>	<input type="checkbox"/>	<input type="checkbox"/>
Children's Accounts <i>Value and Basis</i>	<input type="checkbox"/>	<input type="checkbox"/>
Stocks and Bonds <i>Value and Basis</i>	<input type="checkbox"/>	<input type="checkbox"/>
Notes Receivable Held <i>Balance, Payment, Rate, Terms</i>	<input type="checkbox"/>	<input type="checkbox"/>
Annuities <i>Basis and Investment Options</i>	<input type="checkbox"/>	<input type="checkbox"/>

NOTE: Please include beneficiary designation information where applicable.

### LIABILITIES (Please provide statements)

Mortgage <i>Term, Rate, Balance, Payment</i>	<input type="checkbox"/>	<input type="checkbox"/>
Credit Cards <i>Balance, Payment, Rate</i>	<input type="checkbox"/>	<input type="checkbox"/>
Notes Payable <i>Balance, Payment, Rate</i>	<input type="checkbox"/>	<input type="checkbox"/>
Auto Loan <i>Balance, Payment, Rate</i>	<input type="checkbox"/>	<input type="checkbox"/>
Student Loan <i>Balance, Payment, Rate</i>	<input type="checkbox"/>	<input type="checkbox"/>

**TAXES**

3 Years Tax Returns

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**INSURANCE** (Please provide statements or policies)

- Company Life
- Company Disability
- Company Health
- Company Long-Term Care
- Individual Life
- Individual Disability
- Individual Long-Term Care
- Individual Liability
- Individual Auto
- Individual Home


NOTE: Please include beneficiary designation information where applicable.

**ESTATE** (Include documents)

- Will
- Trusts
- Power of Attorney Forms
- Buy Sell Agreements
- 3 Years Gift Tax Returns


**INCOME**

- Two Most Recent Paystubs
- Social Security Statement  
*www.socialsecurity.gov/mystatement*
- Pension Information


**EXPENSES**

Spending Amounts (see Cash Flow Worksheet)

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## CASH FLOW WORKSHEET

	Monthly	Annual
<b>INCOMES</b>		
1 Salary, Wages, Tips (W-2)	_____	_____
2 Child Support, Alimony	_____	_____
3 Business Income (taxable income/distribution)	_____	_____
4 Self-Employment Income	_____	_____
5 Net Rental Income	_____	_____
6 Trust or Gift Income	_____	_____
7 Social Security	_____	_____
8 Pension	_____	_____
9 Total Income	_____	_____
<b>PRE-TAX WITHDRAWALS</b>		
10 Contributions to retirement plans (401k, 403b, SIMPLE, etc) (amount or percentage)	_____	_____
11 Health Insurance Premiums	_____	_____
12 Group Life Insurance	_____	_____
13 Group Disability & Long-Term Care Insurance	_____	_____
14 Flexible Spending or Health Savings Account	_____	_____
15 Dependent Care Account	_____	_____
16 Total Other Pre-tax withdrawals (sum of lines 10-15)	_____	_____
<b>EMPLOYER PROVIDED BENEFITS</b>		
17 Retirement Plan Matching Contrib./Profit Sharing (amount or percentage)	_____	_____
18 Flexible Spending or Health Savings Account	_____	_____
19 Company Paid Life Insurance	_____	_____
20 Other	_____	_____
21 Taxable Income (line 9 minus line 16)	_____	_____
22 Taxes (Fed, State, Local; estimated) (if known)	_____	_____
23 Net Income (line 21 minus line 22)	<input type="text"/>	<input type="text"/>
<b>EXPENSES</b>		
Housing Expenses		
24 Gas/Electric	_____	_____
25 Water/Sewer/Trash	_____	_____
26 Property Taxes	_____	_____
27 Home Insurance	_____	_____
28 Mortgage Payment (Principal & Interest only)	_____	_____
29 Phone/Cell phone/Cable/Internet	_____	_____
30 Repairs/Maintenance	_____	_____
31 Other Housing Expenses	_____	_____
32 Total Housing Exp. (sum of lines 24-31)	_____	_____
Daily Living Expenses		
33 Food (include groceries & dining)	_____	_____
34 Personal Items (toiletries)	_____	_____
35 Subscriptions, Memberships, Dues	_____	_____
36 Clothing, Jewelry	_____	_____
37 Healthcare expenses (not covered by FSA/HSA)	_____	_____
38 Other Living Expenses	_____	_____
39 Total Living Expense(sum of lines 33-38)	_____	_____

Auto Expenses			
40	Auto/Lease Payments	_____	_____
41	Fuel	_____	_____
42	Insurance	_____	_____
43	Maintenance/Repair	_____	_____
44	Other Auto Expenses	_____	_____
45	Total Auto Expense (sum of lines 40-44)	_____	_____
Liability Expenses			
Credit Card Payments			
46	General Expenses - Monthly Card Balance Paid in Full	_____	_____
47	Revolving Debt - Term Repayment Amount	_____	_____
48	Student/Bank Loan Payments	_____	_____
49	Line of Credit/Home Equity Payments	_____	_____
50	Other Liability Expenses	_____	_____
51	Total Liability Expense (sum of lines 46-50)	_____	_____
Gifts			
52	Christmas, Birthdays, Weddings, etc.	_____	_____
53	Charitable Giving	_____	_____
54	Estate Gifting	_____	_____
55	Other Gifts	_____	_____
56	Total Gift Expense (sum of lines 52-55)	_____	_____
Extraordinary Items			
57	Vacation/Travel	_____	_____
58	Insurance Premiums (Life, LTC, etc. - exclude group coverage premiums)	_____	_____
59	Other Extraordinary Items	_____	_____
60	Child Care Expenses (not covered by dependent care account)	_____	_____
61	College Tuition	_____	_____
62	Assistance to Family Members	_____	_____
63	Total Extraordinary Expense (sum of lines 57-62)	_____	_____
64	Total Expenses (sum of lines 32, 39, 45, 51, 56, 63)	<input type="text"/>	<input type="text"/>
<b>SAVINGS</b>			
65	Contribution to Checking	_____	_____
66	Contribution to Savings	_____	_____
67	Contribution to Investments	_____	_____
68	Contribution to Retirement Accounts (non-employer)	_____	_____
69	Other Savings (529/UTMA Accounts)	_____	_____
70	Total Savings (sum of lines 65-69)	<input type="text"/>	<input type="text"/>
71	Total Cash Outflows (line 64 plus line 70)	=====	=====
Cash Flow Remainder (line 23 minus line 71)		_____	_____

*\*\*This must equal zero\*\**