



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 _____

ASSETS (Please provide statements where available)

	ENCLOSED	NOT APPLICABLE
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
INCOMES		
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	_____	_____
PRE-TAX WITHDRAWALS		
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)	_____	_____
EMPLOYER PROVIDED BENEFITS		
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"/>
EXPENSES		
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	<input type="text"/>	<input type="text"/>
	(sum of lines 32, 39, 45, 51, 56, 63)		

SAVINGS

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)	_____	_____
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*****This must equal zero*****