

Client 1

First Name	Middle	Last Name	Date of Birth	SSN / Tax ID
Street Address	Apartment / Unit	City	State	ZIP Code
Cell Phone	Email Address	Marital Status		
Employer	Title	Start Date	Targeted Annual Earnings	

Client 2

First Name	Middle	Last Name	Date of Birth	SSN / Tax ID
Street Address	Apartment / Unit	City	State	ZIP Code
Cell Phone	Email Address	Marital Status		
Employer	Title	Start Date	Targeted Annual Earnings	

Goals & Priorities

What matters most to you, financially, right now?

What are your biggest financial questions or concerns?

Personal Assets

	Description	Estimated Value \$	Owner
Primary Residence			
Vacation Home / Second Residence			
Automobile			
Automobile			
Other Personal Assets (Metals, Jewelry, Etc.)			

Liquid Investments & Assets

	Description	Estimated Value \$	Owner
Checking Account			
Checking Account			
Savings Account			
Savings Account			
CDs / Other Account			
Brokerage Account / Stocks & Mutual Funds			
Brokerage Account / Stocks & Mutual Funds			
Stock Options			

Other Investments, Business Interests, & Real Estate

	Description	Estimated Value \$	Owner
Cash Value in Life Insurance			
Life Insurance Policy			
Investment Real Estate			
Business(es) (LLCs & LLPs)			
Notes Receivable			
Other Investments			

Retirement Assets		
	Description	Estimated Value \$
IRA		
IRA		
IRA		
Roth IRA		
Roth IRA		
SEPP / Simple IRA		
SEPP / Simple IRA		
Deferred Comp. Plan (DCP)		
401(k) / 403(b) / 457		
401(k) / 403(b) / 457		
401(k) / 403(b) / 457		
Annuity		
Other Retirement Assets		

Liabilities

	Description	Balance \$	Payment \$
Mortgage on 1st Residence			
Mortgage on 2nd Residence			
Mortgage - Rental Property			
Auto Loan			
Auto Loan			
Bank Loan			
Credit Card			
Credit Card			
Credit Card			
Investment Real Estate Loans			
Personal Loan			
Business Loan			
Student Loan			

Annual / Monthly Income

	Client 1	Client 2
Wages <i>(please indicate hourly or salary)</i>		
Overtime Pay <i>(please indicate average OT amount per month)</i>		
Bonuses <i>(please indicate an average amount)</i>		
Pay Frequency <i>(Weekly, Semi-Monthly, Bi-Weekly, Monthly, or other)</i>		
Self-employment / Business Net Income		
Social Security Benefits		
Other Government Benefits		
Taxable Investment Income		
Nontaxable Investment Income		
Pensions (if currently receiving)		
Other Income — Taxable		

Housing, Utilities, Insurance, & Household Expenses

	Amount \$	Week / Month / Year
Mortgage / Rent Expense		
Gas / Fuel		
Electricity		
Telephone / Cell		
Water / Sewer / Garbage		
Cable / Internet		
Homeowner's Insurance Premium — Primary Home		
Homeowner's Insurance Premium — Other		
Real Estate Taxes — Primary Home		
Real Estate Taxes — Other		
Maintenance and Repair		
Cleaning		
Domestic Help & Yard Care		
Childcare Expenses		

Food, Clothing, Laundry, Auto, & Transportation

	Monthly Amount \$
Groceries	
Dining Out	
Clothing Purchases	
Laundry / Dry Cleaning	
Gas	
Auto Repairs and Maintenance	
Auto Insurance Premium — Auto 1	
Auto Insurance Premium — Auto 2	
Auto Insurance Premium — Auto 3	
Property Tax / License	
Public Transportation	
Parking, Tolls, and Other Misc.	

Discretionary Expenses

	Monthly Amount \$
Subscriptions (<i>Netflix, Spotify, newspapers, magazines, etc.</i>)	
Movies & Concerts	
Other Entertainment	
Vacation / Travel	
Hobbies / Sports / Camps	

Additional notes: