



## CHECKLIST

**You do not need to make copies of all of these documents.** If you provide us with the original documents, we will scan what we need and return the originals to you. Please be as complete as possible.

- **Personal Information**

- 1. Completed Personal Information Data Sheet (see page 2)
- 2. Copy of Driver's License

- **Cash Flow Information**

- 1. List of Household Income, Expenses, Savings (see page 3)
- 2. Pay Check Stubs (2 most recent)

- **Tax Returns from last 3 years (federal and state with pertinent schedules attached):**

- 1. Personal Income Tax Returns
- 2. Gift Tax Returns (most recent)
- 3. Business Income Tax Returns
- 4. Children's Income Tax Returns

- **Estate Planning Documents**

- 1. Wills
- 2. Living Wills/ Advance Medical Directives
- 3. Medical Powers of Attorney
- 4. Financial Powers of Attorney
- 5. Letters of Final Instruction
- 6. Trust Agreements

- **Legal Agreements**

- 1. Divorce or Separation Agreements
- 2. Prenuptial Agreements

- **Business Agreements & Annual Reports for:**

- 1. Closely Held Corporations
- 2. Partnerships
- 3. Other Business Ventures

- **Account Statements for Assets**

- 1. Bank Accounts (checking, savings, money market, CDs)
- 2. Brokerage / Mutual Fund Accounts
- 3. IRA Accounts (traditional, Roth)
- 4. Retirement Plans (401k, 403b, 457b, TSP, etc. Include list of available investment options)
- 5. Annuities (immediate, variable, fixed)
- 6. Deferred Compensation Plans
- 7. Pension Plans (defined benefit)
- 8. Social Security Statements (most recent)
- 9. 529 or Prepaid Tuition Plans
- 10. Children's/Custodial Accounts

- **Account Statements for Liabilities**

- 1. Mortgages
- 2. Equity Lines or Loans
- 3. Car Loans
- 4. Student Loans
- 5. Credit Cards (any account for which you carry a balance)
- 6. Any Other Debt

- **Insurance Policy Information (actual policy, declarations page, etc)**

- 1. Life (group, term, whole, universal, variable)
- 2. Health (medical, dental, etc)
- 3. Disability (individual, group, short term, long term)
- 4. Automobile
- 5. Homeowners/Renters
- 6. Umbrella Liability
- 7. Professional liability

- **Other Information (anything else you feel is important for us to have)**



# LIST OF HOUSEHOLD INCOME, EXPENSES, SAVINGS

Please provide your best estimate for amounts for which you are unsure.

	Monthly	or	Annually
<b>Income</b>			
Salary (include typical bonus) – Client .....	_____		_____
Salary (include typical bonus) – Co-Client .....	_____		_____
Other Non-investment Income .....	_____		_____
Other Non-investment Income .....	_____		_____
<b>Expenses</b>			
Mortgage Payments/Rent .....	_____		_____
Real Estate Taxes (if paid separately).....	_____		_____
Homeowner/Renter Insurance Premiums (if paid separately).....	_____		_____
Auto Insurance Premiums .....	_____		_____
Umbrella Liability Insurance Premiums .....	_____		_____
Other Loan Payment .....	_____		_____
Personal Property Taxes .....	_____		_____
Health Insurance Premiums .....	_____		_____
Dental Insurance Premiums .....	_____		_____
Out-of-Pocket Medical Expenses .....	_____		_____
Disability Insurance Premiums .....	_____		_____
Life Insurance Premiums .....	_____		_____
Utilities (Gas, Water, Electric, Cable, Phone, Cell, Internet, etc).....	_____		_____
Groceries (Food, Household Supplies, etc) .....	_____		_____
Home Maintenance (Repairs, Cleaning, Yard, Pool) .....	_____		_____
Automobile Maintenance (Gas, Tires, Oil, Service) .....	_____		_____
New Household Purchases .....	_____		_____
New Clothes & Dry Cleaning .....	_____		_____
Child Care .....	_____		_____
Family Personal Expenses (Hair cuts, etc) .....	_____		_____
Allowances/Cash Spending .....	_____		_____
Vacations/Travel .....	_____		_____
Entertainment (Hobbies, Club Dues, Recreation, Subscriptions) .....	_____		_____
Education .....	_____		_____
Dining Out .....	_____		_____
Gifts to Others .....	_____		_____
Charitable Donations .....	_____		_____
Pets and Pet Care.....	_____		_____
Other Ongoing Expense .....	_____		_____
Other Ongoing Expense .....	_____		_____
Other Ongoing Expense .....	_____		_____
<b>Savings</b>			
Retirement Plan (401k, 403b, etc) – Client .....	_____		_____
Retirement Plan (401k, 403b, etc) – Co-Client .....	_____		_____
IRA (Traditional, Roth) – Client .....	_____		_____
IRA (Traditional, Roth) – Co-Client .....	_____		_____
Non-retirement (Taxable) Account .....	_____		_____
Other .....	_____		_____