



**2. EMPLOYER STOCK OPTIONS**

ISO/NQ/ESPP	Grant	Vest	# of	Option	---- EXERCISE ----		----- SALE -----	
	Date	Date	Options	Price	Date	FMV	Date	PRICE

**3. LIABILITIES**

Description	Term	Rate	Amount	Current	Monthly	---- Origination ----	
			Borrowed	Balance	Payment	Amount	Date

*Description: mortgage, credit card, personal, margin, etc.  
Term: original duration of loan*

**4. INSURANCE**

Please describe your insurance coverage or provide a copy of the policy declaration page:

Life	_____
Disability	_____
Health	_____
Auto	_____
Homeowners	_____
Umbrella Liability	_____
Business/Partnership	_____

**5. EMPLOYER BENEFITS**

	CLIENT 1		CLIENT 2	
	Available Benefit	Your Participation	Available Benefit	Your Participation
401(k) pre-tax				
401(k) after-tax				
FSA-medical				
FSA-dependent care				
term life insurance				
disability insurance				
pre-tax health insurance				
after-tax health insurance				
stock purchase plan				
deferred compensation				
other				

**6. ESTATE PLAN**

Do you have a current will? \_\_\_\_\_ Last updated? \_\_\_\_\_ Estate Plan? \_\_\_\_\_ Last updated? \_\_\_\_\_

Please include a copy of your wills, trust documents and/or estate plan.

Comments \_\_\_\_\_  
\_\_\_\_\_

Do you or your children expect to receive an inheritance?

\_\_\_\_\_  
\_\_\_\_\_

Are you or your children the beneficiaries of a trust? Have you, or do you plan to, fund(ed) trusts yourself?

\_\_\_\_\_  
\_\_\_\_\_

**7. TAX RETURNS**

Provide a copy of your most recent federal and state income tax return.

Please note below your year-to-date quarterly estimated tax payments that you have made, and expect to make.

\_\_\_\_\_  
\_\_\_\_\_

**8. ANNUAL SOURCES OF INCOME**

Please provide a copy of a recent payroll voucher for both clients.

	CLIENT 1	CLIENT 2
Salary	_____	_____
Bonus	_____	_____
Self-Employment	_____	_____
Loans Received	_____	_____
Gifts Received	_____	_____
Other Sources	_____	_____
Expected increase per year for the next 5 years	_____	_____
How much of last year's income did you save or invest?	_____	_____

## 9. REGULAR ANNUAL LIVING EXPENSES

	Description	Annual Expense	Notes
<b>Property taxes</b>	Property taxes	_____	_____
<b>Mortgage / rent</b>	Mortgage / rent payments	_____	_____
<b>Home expenses</b>	Insurance - homeowners	_____	_____
	Gas & electric	_____	_____
	Utilities	_____	_____
	Cable/satellite	_____	_____
	Internet (see telephone)	_____	_____
	Telephone	_____	_____
	Decorating/Furniture	_____	_____
	Repairs & Maintenance	_____	_____
	Capital Improvements	_____	_____
	Housekeeping	_____	_____
	Gardening	_____	_____
	Other	_____	_____
	Other	_____	_____
<b>Personal expenses</b>	Food (at home)	_____	_____
	Clothing/dry cleaning	_____	_____
	Hair/cosmetics	_____	_____
	Animals	_____	_____
	Cushion	_____	_____
	Other	_____	_____
	Other	_____	_____
<b>Children's expenses</b>	Private school tuition	_____	_____
	Day care/pre-school	_____	_____
	Babysitting	_____	_____
	Hobbies/activities	_____	_____
	College tuition	_____	_____
	Lifestyle expenses	_____	_____
	Other	_____	_____
	Other	_____	_____
<b>Transportation</b>	Maintenance and repairs	_____	_____
	Gas	_____	_____
	Other commuting costs	_____	_____
	Loan / lease payments	_____	_____
	Registration	_____	_____
	Insurance	_____	_____
	Other	_____	_____
	Other	_____	_____

	Description	Annual Expense	Notes
<b>Insurance and medical</b>			
	<b>Insurance premiums:</b>		
	Life		
	Disability		
	Medical		
	Dental		
	Long-term care		
	Umbrella liability		
	Umbrella liability: (Jewelry Rider)		
	<b>Out-of pocket expenses:</b>		
	Medical		
	Dental		
	Other		
	Other		
<b>Hobbies / entertainment</b>			
	Entertainment		
	Dining		
	Recreation		
	Electronics/computers		
	Software		
	Vacation / travel		
	Books / subscriptions		
	Health clubs		
	Other		
	Other		
<b>Charitable donations</b>			
	Donations		
<b>Gifts</b>			
	Personal gifts		
<b>Other</b>			
	Business / employment		
	Parental support		
	Interest on credit cards		
	Other finance charges		
	Other		
	Other		
	Other		
<b>Retirement contributions</b>			
	Client 1		
	Client 2		
<b>Savings or (Deficit)</b>			

<b>10. SEMI-REGULAR AND COLLEGE EXPENSES</b>
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**SEMI-REGULAR EXPENSES**

	Description	Amount	Frequency or Expected Payment Date <sup>(1)</sup>
<b>Auto purchases</b>	Client 1	_____	_____
	Client 2	_____	_____
	Other	_____	_____
	Other	_____	_____
<b>Home remodel / repair</b>	Home remodel	_____	_____
	Major home repair	_____	_____
	Other	_____	_____
	Other	_____	_____
<b>Other</b>	Other	_____	_____
	Other	_____	_____

	Description	Annual Amount	Notes
<b><u>COLLEGE EXPENSES</u></b>			
<b>College tuition</b>	Child 1	_____	_____
	Child 2	_____	_____
	Child 3	_____	_____
	Child 4	_____	_____
	Other	_____	_____
<b>Living expenses</b>	Child 1	_____	_____
	Child 2	_____	_____
	Child 3	_____	_____
	Child 4	_____	_____
	Other	_____	_____

<sup>(1)</sup> i.e. "every 3, 5, 7, 10, etc...years" or "December 2008"

## 11. OTHER UNUSUAL/FUTURE/SURVIVOR EXPENSES

**a) Extraordinary expenses**

Do you anticipate any other unusual expenses in the near future (not indicated above)? Such as new home purchase, travel?

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**b) Retirement**

How do you expect your retirement living expenses to compare to your current expenses?  
Should we assume a reduction or an increase?

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**c) Survivor Support**

If one partner were to die, what standard of living would the survivor assume? Same as current or reduced?  
Sale of current home and move to less expensive home?

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**d) Parental Support**

Do you expect to provide for your own parents or siblings? Please indicate the amount and duration of that expense.

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## 12. FINANCIAL GOALS

Please rank your financial goals in order of importance to you. Be sure to add any other goals.

		HIGHEST <----->	-----> LOWEST	
Provide for children's college educations	4	3	2	1
Children's private education pre-college	4	3	2	1
Provide for retirement by age 65	4	3	2	1
Provide for retirement by age:	4	3	2	1
Provide for support of parents/siblings	4	3	2	1
Other	4	3	2	1
Other	4	3	2	1
Other	4	3	2	1
Other	4	3	2	1

## 13. FORMS CHECKLIST

<u>Check</u>	<u>Form</u>	<u>Check</u>	<u>Form</u>
—	Account statements	—	Estimated tax payment schedule
—	Employment benefit options	—	Insurance Declarations pages
—	Employer stock option reports	—	Wills & trusts
—	Federal and state tax returns	—	Estate plan
—	Recent payroll voucher	—	Social Security statements
—	Pension statements		