



Client information to look for at tax time

Client Name _____ Date _____

Is this an existing Investment Client? Yes No

Data Obtained From Tax Return

Is the client married? Yes No

What is the client(s) annual income? \$ _____

Does the client have:

Taxable Interest?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Tax-Exempt Interest?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Dividend Income?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Business Income?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Capital Gains/Losses?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	IRA Distributions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Pensions and Annuities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Retirement Plan from work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
IRA Deduction	<input type="checkbox"/> Yes	<input type="checkbox"/> No			

Does the client have pre-college children living at home? Yes No

Will they need an education savings vehicle? Yes No

Data Obtained By Asking Questions

Does the client have a Will? Yes No A Trust? Yes No

When does the client want to retire? _____

Has the client determined how much money they will need during retirement? Yes No

Does the client have:

Life Insurance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Long-Term Disability?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Long-Term Care?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Health Insurance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Personal Liability Coverage?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	An emergency fund?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
			Non-deductible interest paid?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Has the client done any estate planning? Yes No

Does the client have family relatives who may depend on them financially? Yes No