



Your Personal Report Card

This is the starting point to take control of your financial life. It's the financial equivalent of journaling - getting your thoughts and finances down on paper and seeing the full scope of your life's work.

Getting to Know You!

Here are some important background questions to help us understand your finances.

GENERAL INFORMATION

Name:

Married?

Age?

Dependents:

#1	age
#2	age
#3	age

Job/Profession:

Education:

Your city and state:

GENERAL INFORMATION (continued)

1. Do you have disagreements with your spouse/partner regarding finances?

If so, how often per month?

2. Do you combine your money with your spouse/partner?

If not, why?

Getting to Know You! (continued)

3. How many bank and/or investment accounts do you have?

#

4. What is your risk tolerance?

High - I/we like to take risks with our investments.

Y/N

Medium - I/we tend to be conservative.

Y/N

Low - I/we can't sleep at night if we think we could lose money.

Y/N

5. What is general attitude towards money?

I/we are big savers:

Y/N

I/we spend everything we earn and have very little discipline:

Y/N

I/we are somewhere in between the first two choices:

Y/N

7. Do you have a basic budget in place?

Y/N

If not, do you need help creating one?

Y/N

INSURANCE

What types of insurance coverage do you have?

Life

Y/N

Health

Y/N

Disability

Y/N

Home

Y/N

Auto

Y/N

RETIREMENT PLANNING

What are your retirement goals?

Desired retirement age:

Y/N

You

Y/N

Spouse/Ptr

Do you want to be on FIRE (Financial Independence Retiring Early)?

You

Spouse/Ptr

Have you thought about what you will do after retiring?

Do you need help in planning your next life stage?

You

Spouse/Ptr

Have you reviewed your social security options?

You

Spouse/Ptr

Do you know about Medicare and its many options:

You

Spouse/Ptr

Do you have any retirement accounts or pensions?

You

Spouse/Ptr

Are you **worried** about having enough money in retirement?

You

Spouse/Ptr

Getting to Know You! (continued)

ESTATE PLANNING

Do you have a will or estate plan in place?

Y/N

Have you considered or established any trusts?

Y/N

Do you need some guidance in this area?

Y/N

TAX SITUATION

What is your current tax situation?

All returns filed and paid up-to-date:

Y/N

We currently owe income tax:

Y/N

How much is owed?

\$

In order to get a better understanding of your finances, we would like to look at your prior two years tax returns. Are you interested in this service?

Y/N

MAJOR LIFE EVENTS

Do you foresee any major life events that could impact your financial situation?

Marriage:

Y/N

Divorce:

Y/N

Childbirth:

Y/N

Starting a new business:

Y/N

Impending inheritance:

Y/N

FINANCIAL BEHAVIOR AND ATTITUDES

What is your attitude towards money and financial decision-making? Please describe.

Do you have a budget, and do you stick to it?

Y/N

EXISTING FINANCIAL RELATIONSHIPS

Do you currently work with any other financial advisors or planners?

Y/N

WHO FILLED OUT THIS QUESTIONNAIRE?

You

Y/N

Your Spouse/Partner

Y/N

Personal Balance Sheet

Balance Sheet Date

ASSETS

Cash

Checking accounts		\$
Savings accounts		\$
Certificates of Deposit		\$
Other Cash		\$
Other Cash		\$
<i>Total Cash</i>		-

Investments

Securities (stocks, bonds, etc.)		\$
U.S. Treasury Bills/Notes		\$
Cryptocurrencies		\$
Other Investments		\$
Partnerships		\$
S Corporations		\$
Other Investments		\$
<i>Total Investments</i>		-

Real Estate

Securities (stocks, bonds, etc.)		\$
U.S. Treasury Bills/Notes		\$
Cryptocurrencies		\$
Other Investments		\$
Partnerships		\$
S Corporations		\$
Other Investments		\$
<i>Total Investments</i>		-

Personal Balance Sheet Continued)

Retirement Accounts

Securities (stocks, bonds, etc.)	\$
U.S. Treasury Bills/Notes	\$
Cryptocurrencies	\$
Other Investments	\$
Partnerships	\$
S Corporations	\$
Other Investments	\$
<i>Total Investments</i>	-

TOTAL ASSETS -

LIABILITIES

Auto Loans	\$
Credit Card Debt	\$
Loan(s) from Life Insurance	\$
Loan(s) from Retirement Accounts	\$
Student Loans	\$
Unpaid Taxes	\$
Amounts Owed to Others	\$
<i>Total Liabilities</i>	-

NET WORTH -

Personal Income Statement

INCOME - ACTIVE AND PASSIVE - MONTHLY	You	Spouse / Partner	Total
Salary (net after tax only)	\$	\$	
Bonuses (net after tax only)	\$	\$	
Investment Income (Dividends, Interest)	\$	\$	
Pension/Retirement Income	\$	\$	
Social Security Benefits	\$	\$	
Rental Income	\$	\$	
Business Income (net profit/month)	\$	\$	
Other (please identify)	\$	\$	
Alimony/Child Support	\$	\$	
Support from Family	\$	\$	
Other Income	\$	\$	
Other Income	\$	\$	
Total Cash	-	-	-

Your Comments:

HOUSING COSTS - MONTHLY	Total
Rent	\$
Mortgage payment (princ & int)	\$
2nd Mortgage payment (princ & int)	\$
Insurance (property & umbrella)	\$
Homeowner Association Dues	\$
Property Taxes (total amount/12)	\$
Utilities	\$
Other (please identify)	\$
Other (please identify)	\$
Total Housing Costs	-

Personal Income Statement (Continued)

FOOD COSTS - MONTHLY	Total
Groceries & Incidentals	\$
Work Lunches	\$
Coffee (yes, don't forget this!)	\$
Dining Out	\$
Other (please identify)	\$
Other (please identify)	\$
<i>Total Housing Costs</i>	-

MEDICAL COSTS - MONTHLY	Total
Health Insurance	\$
Health Insurance - Supplemental	\$
Dental Insurance	\$
Doctor Visits	\$
Payments towards Medical Bills	\$
Prescriptions	\$
Dental Visits (not covered)	\$
Life Insurance Payments	\$
Disability Insurance Payments	\$
Other (please identify)	\$
Other (please identify)	\$
<i>Total Housing Costs</i>	-

TRANSPORTATION COSTS - MONTHLY	Total
Vehicle Payment #1	\$
Vehicle Payment #2	\$
Vehicle Payment #3	\$
Auto Insurance (all)	\$
Gasoline/Oil	\$
Maintenance	\$
Tolls / Parking	\$
	\$
Other (please identify)	\$
Other (please identify)	\$
<i>Total Housing Costs</i>	-

Personal Income Statement (Continued)

FAMILY AND HOUSEHOLD EXPENSES - MONTHLY	Total
Day Care	\$
Personal grooming related	\$
Clothing - adult and children	\$
Cable / TV Subscriptions	\$
Telephone & Internet	\$
Pet Care	\$
Union Dues	\$
Student Loans	
Alimony	\$
Child Support	\$
Other (please identify)	\$
Other (please identify)	\$
<i>Total Housing Costs</i>	-

INCOME TAX OBLIGATIONS - MONTHLY	Total
Current Year-federal Estimates/12	\$
Current Year-state Estimates/12	\$
	\$
Federal Income Tax Repayment Plan	\$
State Income Tax Repayment Plan	\$
Other (please identify)	\$
Other (please identify)	\$
<i>Total Housing Costs</i>	-