



Date _____

Client Information

Clients' Full Name		SSN	
Home Address			
Home Phone		Work Phone	
Cell Phone			
Date of Birth	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Email Address	
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			
Employer Name			Date of Employment
Employer Address			
Annual Salary	Tax Bracket	Date of Next Salary Increase (review)	

Spouse Information

Spouse's Full Name		SSN	
Home Address			
Home Phone		Work Phone	
Cell Phone			
Date of Birth	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Email Address	
Employer Name			Date of Employment
Employer Address			
Annual Salary	Tax Bracket	Date of Next Salary Increase (review)	

Dependent Information

Dependent Name	Date of Birth	Social Security #	Relationship to Client

Summary of Assets

Investments:

Type	Custodian	Balance

Income Sources:

Type of Source	Balance
<i>Wages</i>	
<i>Wages</i>	
<i>Social Security</i>	
<i>Social Security</i>	
<i>Other Income</i>	
<i>Other Income</i>	
<i>Other Income</i>	

Real Estate:

Location	Market Value	Mortgage(s)	Equity
<i>Residence</i>			

Bank Accounts:

Name of Bank	Type of Account	Balance

Other Interests: (i.e. partnerships, corporations)

Wills, Trusts and Power of Attorney

Do you currently have a will? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date your will was last reviewed	Executor of Estate
Do you currently have a trust? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Trusts(s)	
Owner(s) of Trust(s)	Trustee(s)	
Name of Attorney	Location/ Phone Number	
Name of Tax Professional	Location/ Phone Number	

Insurance

Type of Insurance (Life/Disability/Long-Term)	Amount of Coverage	Premium	Owner (Client/Spouse/Employer/Trust)	Insured (Client/Spouse/Partner)	Purchase Date