



TRAPHAGEN

CPAs & WEALTH ADVISORS

FINANCIAL PLANNING ORGANIZER

SUCCESS

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Document Checklist

Please provide copies of the following documents if applicable.

	Applicable:	
	Yes	No
Tax Information		
Prior Year Federal and State tax return		
Social Security information		
Pension information		
Last two pay stubs		
Assets		
Investment statements		
Documents for notes receivable		
Documents for installment sales		
Personal Insurance Policies and Premium Notices		
Personal life insurance policies		
Personal health & disability policies		
Homeowner and auto insurance		
Umbrella policy		
Estate Documents		
Wills, Power of Attorney, Living Wills		
Trust documents		
Other loan agreements or statements		
Divorce decree		
Employee Benefits		
Group insurance information		
Summary plan description		
Deferred Compensation information		
Stock option plans		
Business Documents		
Prior Federal and State tax return		
Stock redemption/buy-sell agreements		
Financial statements (balance sheet, profit & loss statement, etc.)		

FORM CONTINUES >

GENERAL INFORMATION		
YOUR First & Last Name:		Today's Date: / /
Marital Status: Single Married Partner Separated Divorced Widowed		
Street Address:		
City:	State:	Zip Code:
Your mobile Phone: () -		Your Email:
Your Date of Birth: / /		Are You a U.S. Citizen? Yes No
SPOUSE'S/PARTNER'S First & Last Name:		
Spouse's/Partner's Date of Birth: / /		Is Your Spouse/Partner a U.S. Citizen? Yes No
Spouse's/Partner's mobile Phone: () -		Spouse's/Partner's Email:
Your Social Security Number:		Spouse's/Partner's Social Security Number:
Your Retirement Age:		Spouse's/Partner's Retirement Age:

EMPLOYMENT INFORMATION		
YOUR Employment: Sole Proprietor Company Owner Employee Retired		
Occupation:		Years with Company:
Street Address:		
City:	State:	Zip Code:
Work Email:		
SPOUSE'S/PARTNER'S Employment: Sole Proprietor Company Owner Employee Retired		
Occupation:		Years with Company:
Street Address:		
City:	State:	Zip Code:
Work Email:		

FAMILY		
Children and Other Dependents		
<i>Please list names, dates of birth, and relation for children, grandchildren, or any other dependents.</i>		
Name	Date of Birth	Relation
<i>Example: Julia</i>	<i>2/23/2001</i>	<i>Daughter</i>

FORM CONTINUES >

INCOME		
Sources of Income		
<i>Include Gross Salary, Bonus, Commission, Alimony, Trust income, Partnership income, Rental income, and Other.</i>		
Description	Owner	Amount
<i>Example: Salary</i>	<i>John</i>	<i>\$72,000</i>
		\$
		\$
		\$
		\$
		\$
		\$

Pensions <i>(Please attach pension election information)</i>			
Client Name	Monthly Amount at Start	Age at Start	COLA
<i>Example: Mary</i>	<i>\$1,200</i>	<i>65</i>	Yes No
	\$		Yes No
	\$		Yes No
	\$		Yes No
What payout option does this pension represent? <i>(Please indicate your Spousal's % of benefits if you select 'Other')</i>			
Single Life	Name Applicable Pension(s):		
Joint and 50% Survivor	Name Applicable Pension(s):		
Joint and 100% Survivor	Name Applicable Pension(s):		
Other	Name Applicable Pension(s):		

Social Security				
Client Name	Gross Amount (if applicable)	Gross Amount at age 62	Gross Amount at Full Retirement Age	Gross Amount at age 70
<i>Example: John</i>		<i>\$1,474</i>	<i>\$2,057</i>	<i>\$2,822</i>
	\$	\$	\$	\$
	\$	\$	\$	\$

Notes

FORM CONTINUES >

ASSETS

Bank Accounts

Type of Account (Checking, Savings, Money Market, CDs, and Other)	Owner	Interest Rate(s)	Balance
		%	\$
		%	\$
		%	\$
		%	\$
		%	\$
		%	\$

Retirement Accounts
List accounts separately and include: 401(k), 403(b), 457, ESOP, SEP, SIMPLE, Profit Sharing, Traditional IRA, Roth IRA, and Annuities . Please attach copies of most recent statements.

Name of Account	Custodian	Owner	Balance	Annual Contribution (Dollar amount or % of Income)		Employer Match
Example: Lifespan 403(b)	Fidelity	Mary	\$42,000	\$10,000/yr	10%	3%
			\$	/yr	%	%
			\$	/yr	%	%
			\$	/yr	%	%
			\$	/yr	%	%
			\$	/yr	%	%
			\$	/yr	%	%
			\$	/yr	%	%

Taxable Accounts
List accounts separately and include: Brokerage accounts, Joint accounts, Trusts, TODs, PODs, non-qualified annuities and accounts in an individual name. Please attach copies of most recent statements.

Name of Account	Custodian	Owner	Balance	Contribution(s)
Example: John Brokerage account	Fidelity	John	\$42,000	\$10,000/yr
			\$	/yr

FORM CONTINUES >

Business Ownership

Include businesses in which you have direct ownership.

Name of Business	Owner	Business Type	Appraisal (your share)	Percentage of ownership
<i>Example: Peter's Painting Co.</i>	<i>Peter</i>	<i>S-Corp</i>	<i>\$250,000</i>	<i>20%</i>
1			\$	%
2			\$	%
Business EIN: Employer Identification Number (9-digits)		Company 1: -	Company 2: -	
Number of full time employees:		Company 1:	Company 2:	
Do you plan to sell your business?			Yes	No
If yes, in what approximate year?				

Personal Property

Include collectibles, boats, automobiles, etc.

Property	Owner	Cost Basis	Current Value
<i>Example: Art Collection</i>	<i>Mary/John</i>	<i>\$17,000</i>	<i>\$28,000</i>
		\$	\$
		\$	\$

Real Estate

For additional properties, attach a separate sheet. In the 'Cost Basis' column, please add home improvement expenses to the cost basis of the property.

Property	Investment or Personal	Owner(s)	Cost Basis	Current Value
<i>Example: 212 Windham</i>	<i>Personal Residence</i>	<i>Joint</i>	<i>\$400,000</i>	<i>\$650,000</i>
	Personal Residence		\$	\$
	Second Home		\$	\$
	Investment Property (1)		\$	\$
	Investment Property (2)		\$	\$
	Other:		\$	\$
How much Gross income do you receive each year from your investment properties?				\$
Do you intend to sell any of your properties?				
In what year do you plan to sell the property?				

Notes

FORM CONTINUES >

Assets Held for Education

List separately for each child or grandchild and include 529 Plans, Coverdell IRAs, Custodial Accounts, Education Savings Bonds, Mutual Fund Accounts, etc.

Name of Account	Type	Owner	Beneficiary	Balance
Example: CollegeBoundFund	529 Plan	Mary	Julia	\$15,000
				\$
				\$
				\$
				\$
				\$

FUNDING NEEDS FOR CHILDREN AND OTHER DEPENDENTS

We will use the savings information from the Assets section to determine our education funding projections.

Name	College Start Year	Years to Fund	Annual Cost (today's dollars)
Example: Julia	9/01/2030	4 years	\$50,000
		years	\$

Desired College to attend:

What is the annual cost of college you are willing to fund for each child?

Example: 50% or \$25,000

Notes

FORM CONTINUES >

LIABILITIES					
Mortgages					
Primary Residence					
Start Date: / /		Original Amount: \$		Balance Remaining: \$	
Term:	Interest Rate: %	Principal & Int: \$		Property: \$ Taxes	Insurance: \$
Second Home					
Start Date: / /		Original Amount: \$		Balance Remaining: \$	
Term:	Interest Rate: %	Principal & Int: \$		Property: \$ Taxes	Insurance: \$
Investment Property (1)					
Start Date: / /		Original Amount: \$		Balance Remaining: \$	
Term:	Interest Rate: %	Principal & Int: \$		Property: \$ Taxes	Insurance: \$
Investment Property (2)					
Start Date: / /		Original Amount: \$		Balance Remaining: \$	
Term:	Interest Rate: %	Principal & Int: \$		Property: \$ Taxes	Insurance: \$
Other					
Start Date: / /		Original Amount: \$		Balance Remaining: \$	
Term:	Interest Rate: %	Principal & Int: \$		Property: \$ Taxes	Insurance: \$
Home Equity Line of Credit Balance:		Interest Rate: %	Current : \$ Balance	Amount : \$ Available	
Home Equity Loan:		Start Date: / /	Terms:	Balance : \$ Remaining	

Other Debt			
Debt (Vehicles, Credit Cards, Student Loans, and Other)	Terms	Balance	Interest Rate(s)
	years	\$	%

Notes

FORM CONTINUES >

COST OF LIVING WORKSHEET		
Item <small>Use the list below as a general guide for tracking expenses. Any one-time expenses should be reported in the 'Annually' column.</small>	Monthly	Annually
Food, Groceries	\$	\$
Home Property Tax	\$	\$
Home Maintenance	\$	\$
Rent	\$	\$
Utilities (Gas, Electric, Water, Sewer, Cable, Internet)	\$	\$
Telephone	\$	\$
Medical/Dental	\$	\$
Professional Dues	\$	\$
Education	\$	\$
Life Insurance Loans, other installment loans	\$	\$
Alimony (Years to pay: _____)	\$	\$
Child Support (Years to pay: _____)	\$	\$
Other Dependents (Parents, Siblings, Other)	\$	\$
Domestic Help (Cleaners, Babysitter, Other)	\$	\$
Childcare/Daycare/Camps	\$	\$
Car Payment	\$	\$
Car Insurance	\$	\$
Car Fuel	\$	\$
Car Repair & Maintenance	\$	\$
Clothing & Personal Items	\$	\$
Dry Cleaning/Laundry	\$	\$
Lessons (Sports, Music, Dance, Other)	\$	\$
Club Dues	\$	\$
Entertainment & Dining	\$	\$
Subscriptions (Streaming services, Music, News, Other)	\$	\$
Vacation	\$	\$
Gifts, Birthdays, Holidays	\$	\$
Charitable Donations	\$	\$
Total Expenses	\$ /mo	\$ /yr

Notes

Life Insurance: Term Policies

Please attach your latest statement.

Death Benefit	Insured	Group or Individual	Term Remaining	Premium per Year
Example: \$500,000	John	Individual	10 years	\$700
\$			years	\$
\$			years	\$
\$			years	\$
\$			years	\$

Life Insurance: Permanent Policies

Please attach your latest statement.

Death Benefit	Type	Year Purchased	Insured	Cash Value	Premium per Year
Example: \$100,000	Whole Life	1998	Mary	\$10,000	\$1,000
\$				\$	\$
\$				\$	\$
\$				\$	\$
\$				\$	\$

Long Term Disability Insurance

Please attach policies if available.

Name	Monthly Benefit	Group or Individual	Premium per Year
Example: John	\$3,000	Individual	\$2,100
	\$		\$
	\$		\$
	\$		\$
	\$		\$

Long Term Care Insurance

Please attach policies if available.

Name	Daily Benefit	Inflation Rider	Term	Premium per Year	Premium Duration
Example: Mary	\$150	Yes No	3 years	\$8,000	10 years
	\$	Yes No	years	\$	years
	\$	Yes No	years	\$	years

For how many years will you need life insurance?

If you leave blank, we will assume until the first year of retirement.

FORM CONTINUES >

ESTATE PLANNING					
Do you have wills?	Yes	No	Do you want to update your will?	Yes	No
Do you have Power of Attorney?	Yes	No	Do you want to update your POA?	Yes	No
Have you executed health care proxies?	Yes	No	Do you want to update your healthcare proxies?	Yes	No
When were these documents last updated?					
Have you established any trusts?				Yes	No
If yes, names of trust(s) you have established:					
1)			2)		
3)			4)		

ADDITIONAL INFORMATION					
Do YOU expect to work part-time during retirement?				Yes	No
If yes, for how many years?		At what salary (in current dollars)?	\$		
Does your SPOUSE/PARTNER expect to work part-time during retirement?				Yes	No
If yes, for how many years?		At what salary (in current dollars)?	\$		

What is the value of any expected inheritance/gifts?	\$
In what year would you estimate receiving this inheritance?	

Comments

Whom may we thank for referring you?	
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Please bring your completed Financial Planning Organizer along with any appropriate supporting documents to the meeting with your Traphagen advisor.