



# TRAPHAGEN

CPAs & WEALTH ADVISORS

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FINANCIAL PLANNING ORGANIZER

SUCCESS

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## Document Checklist

Please provide copies of the following documents if applicable.

Applicable:

### Tax Information

Yes No

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**

Please list names, dates of birth, and relation for children, grandchildren, or any other dependents.

Name	Date of Birth	Relation
Example: Julia	2/23/2001	Daughter

FORM CONTINUES &gt;

# Financial Planning Organizer (Continued)

## INCOME

### Sources of Income

Include Gross Salary, Bonus, Commission, Alimony, Trust income, Partnership income, Rental income, and Other.

Description	Owner	Amount
Example: Salary	John	\$72,000
		\$
		\$
		\$
		\$
		\$
		\$

### Pensions (Please attach pension election information)

Client Name	Monthly Amount at Start	Age at Start	COLA
Example: Mary	\$1,200	65	Yes No
	\$		Yes No
	\$		Yes No
	\$		Yes No

### What payout option does this pension represent? (Please indicate your Spousal's % of benefits if you select 'Other')

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
Example: John		\$1,474	\$2,057	\$2,822
	\$	\$	\$	\$
	\$	\$	\$	\$

## 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	Mary	\$42,000	\$10,000/yr
			\$	/yr
			\$	/yr
			\$	/yr
			\$	/yr
			\$	/yr
			\$	/yr
			\$	/yr

FORM CONTINUES ➤

# Financial Planning Organizer (Continued)

## Business Ownership

Include businesses in which you have direct ownership.

Name of Business	Owner	Business Type	Appraisal (your share)	Percentage of ownership
Example: Peter's Painting Co.	Peter	S-Corp	\$250,000	20%
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
Example: Art Collection	Mary/John	\$17,000	\$28,000
		\$	\$
		\$	\$

## 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
Example: 212 Windham	Personal Residence	Joint	\$400,000	\$650,000
	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

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FORM CONTINUES ➤

# Financial Planning Organizer (Continued)

## 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	\$
		years	\$
		years	\$
		years	\$
		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 ➤

# Financial Planning Organizer (Continued)

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	\$	%
	years	\$	%
	years	\$	%
	years	\$	%
	years	\$	%
	years	\$	%

Notes

FORM CONTINUES ➤

**COST OF LIVING WORKSHEET**

Item <small>Use the list below as a general guide for completing this worksheet. 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	\$	\$
<b>Total Expenses</b>	\$ /mo	\$ /yr

**Notes**

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FORM CONTINUES &gt;

**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**

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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.