

Tax Plan Client Survey

Filing Status:

- Single
- Head of Household
- Married filing Jointly
- Married filing Separately

Income and Tax: (Optional)

AGI:

Form 1040, Line 38

Taxable Income:

Form 1040, Line 43

AMT:

Form 1040, Line 45

This information is used to estimate potential tax savings from implementing these strategies. If no income or tax information is available, no specific savings estimates will be possible.

Your Family:

Code*	First Name	Last Name	Birthdate
T			

*Codes: T = Taxpayer S = Spouse C = Child D = Other Dependent

Address: _____

City, State, ZIP: _____

Phone: _____

Email: _____

Home & Lifestyle

- | | |
|---|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Rent your home <input type="checkbox"/> Own your home <input type="checkbox"/> Plan to buy a second home <input type="checkbox"/> Own a 2nd home (State: _____) <input type="checkbox"/> Plan to retire to that home/state <input type="checkbox"/> Active duty in U.S. military <input type="checkbox"/> Member of clergy <input type="checkbox"/> Working abroad | <ul style="list-style-type: none"> <input type="checkbox"/> Plan to marry (within 12 months) <input type="checkbox"/> Plan to divorce (within 12 months) <input type="checkbox"/> Expect a baby (within 12 months) <input type="checkbox"/> Pay daycare costs <input type="checkbox"/> Pay or receive alimony or child support <input type="checkbox"/> Saving for college <input type="checkbox"/> Paying college tuition <input type="checkbox"/> Supporting parents financially <input type="checkbox"/> Owe \$10,000+ in unsecured debt |
|---|--|

Employment Benefits

Self

Spouse

*Check the box if you or your spouse receives benefits from an **outside employer** only. If you're self-employed or you own your own business, use the next section.*

Annual salary + bonus or commission

Retired, or retiring within 12 months

SIMPLE IRA or SAR-SEP

401(k) plan

403(b) plan

Flexible spending account: healthcare

Flexible spending account: daycare

Health Savings Account

Incentive stock options

Nonqualified stock options

Restricted stock

Employee stock purchase plan

Nonqualified deferred compensation

Employer stock in retirement plan

Unreimbursed employee business expenses

Your Business

Business #1

Business #2

_____	_____
_____	_____
_____	_____
_____	_____

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

_____	_____
-------	-------

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

_____	_____
-------	-------

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Ownership and Income:

Business name

What percentage of this business do you own yourself?

What percentage of this business does your spouse own?

What is this business's net income?

"Net Income" includes net profit from a sole proprietorship, ordinary income from a partnership or LLC, and net profits from S and C corporations. Don't include salary you draw from your corporation or guaranteed payments you draw from your partnership or LLC.

Startup (less than 2 years old)

Part-time or sideline business

Personal service business

Check here if your business's principal activity involves personal services in the fields of health, law, engineering, architecture, accounting, actuarial science, performing arts, or consulting.

Business owns capital equipment (machinery, vehicles, etc.)

Business owns or occupies real estate

Business occupies a home office

I/we intend to sell this business

I/we intend to leave this business to family

Choice of Entity: (Check *all* that apply)

Proprietorship or single-member LLC

Partnership or multi-member LLC

S corporation

C corporation

Salaries and Employees:

Yourself (salary or guaranteed payments only)

Enter your salary as reported on Form W2 if your business is incorporated or "guaranteed payments" you draw from your partnership or LLC.

Your spouse (salary or guaranteed payments only)

Minor child or children

Adult child or children

Non-family employees

Non-family payroll (annual amount)

"Payroll" includes employees only, and not independent contractors.

Benefit Plans Offered:

Group health insurance

Health Savings Accounts

Medical expense reimbursement plan

Flexible spending account: healthcare

Flexible spending account: daycare

Education assistance plan

Nonqualified deferred compensation plan

SIMPLE IRA

SEP-IRA

Profit sharing/money purchase plan

401(k) plan

Defined benefit plan

Your Investments

Self	Spouse	Objectives:
<input type="checkbox"/>	<input type="checkbox"/>	Collect Social Security (amount)
<input type="checkbox"/>	<input type="checkbox"/>	Invest primarily for income
<input type="checkbox"/>	<input type="checkbox"/>	Invest primarily for growth
<input type="checkbox"/>	<input type="checkbox"/>	Invest for both income and growth
<input type="checkbox"/>	<input type="checkbox"/>	Manage IRA or qualified retirement plan assets
<input type="checkbox"/>	<input type="checkbox"/>	Manage Roth IRA assets
<input type="checkbox"/>	<input type="checkbox"/>	Own permanent life insurance or annuities
		Taxable Accounts:
		<i>Check if you hold any of these investments outside IRAs or qualified retirement plans:</i>
<input type="checkbox"/>	<input type="checkbox"/>	Cash, CDs, or money market funds
<input type="checkbox"/>	<input type="checkbox"/>	Taxable bonds (or bond funds)
<input type="checkbox"/>	<input type="checkbox"/>	Municipal bonds (or municipal bond funds)
<input type="checkbox"/>	<input type="checkbox"/>	Stocks (or stock funds)
<input type="checkbox"/>	<input type="checkbox"/>	Real estate investment trusts (including mutual funds)
<input type="checkbox"/>	<input type="checkbox"/>	Options, futures, or commodities
<input type="checkbox"/>	<input type="checkbox"/>	Oil & gas, equipment leasing, or timber investments
<input type="checkbox"/>	<input type="checkbox"/>	Low-income housing tax credits
		Advanced Strategies:
<input type="checkbox"/>	<input type="checkbox"/>	Pay asset-management or financial planning fees
<input type="checkbox"/>	<input type="checkbox"/>	Invest on margin
<input type="checkbox"/>	<input type="checkbox"/>	Periodically or regularly rebalance your portfolio
<input type="checkbox"/>	<input type="checkbox"/>	Day-trade or use market-timing strategies
<input type="checkbox"/>	<input type="checkbox"/>	Sell stocks short
<input type="checkbox"/>	<input type="checkbox"/>	Hold \$100,000+ gains in your portfolio
<input type="checkbox"/>	<input type="checkbox"/>	Hold \$100,000+ gain in a single security
<input type="checkbox"/>	<input type="checkbox"/>	Hold \$100,000+ in unrealized portfolio losses
<input type="checkbox"/>	<input type="checkbox"/>	Hold \$100,000+ in capital loss carryforwards
		Real Estate Investments:
		<i>Check these boxes for real estate investments, not your primary or second home.</i>
<input type="checkbox"/>	<input type="checkbox"/>	Own real estate in your personal name (individually)
<input type="checkbox"/>	<input type="checkbox"/>	Own real estate in your personal name (jointly with your spouse)
<input type="checkbox"/>	<input type="checkbox"/>	Own real estate through an LLC/S corp (individually)
<input type="checkbox"/>	<input type="checkbox"/>	Own real estate through an LLC/S corp (jointly with spouse)
<input type="checkbox"/>	<input type="checkbox"/>	Own real estate through an LLC/S corp (with nonfamily partners)
<input type="checkbox"/>	<input type="checkbox"/>	Own real estate as a limited partner
<input type="checkbox"/>	<input type="checkbox"/>	Wholesale or “flip” property (individually)
<input type="checkbox"/>	<input type="checkbox"/>	Wholesale or “flip” property (through LLC or S corporation)
<input type="checkbox"/>	<input type="checkbox"/>	Invest in mortgage notes or tax lien certificates
<input type="checkbox"/>	<input type="checkbox"/>	Report farm income or loss
<input type="checkbox"/>	<input type="checkbox"/>	Qualify as a “real estate professional”