

## 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

- Rent your home
- Own your home
- Plan to buy a second home
- Own a 2<sup>nd</sup> home (State: \_\_\_\_\_)
- Plan to retire to that home/state
- Active duty in U.S. military
- Member of clergy
- Working abroad
- Plan to marry (within 12 months)
- Plan to divorce (within 12 months)
- Expect a baby (within 12 months)
- Pay daycare costs
- Pay or receive alimony or child support
- Saving for college
- Paying college tuition
- Supporting parents financially
- 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** *(attach additional sheets if necessary)*

Business #1	Business #2	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? <i>"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.</i>
<input type="checkbox"/>	<input type="checkbox"/>	Startup (less than 2 years old)
<input type="checkbox"/>	<input type="checkbox"/>	Part-time or sideline business
<input type="checkbox"/>	<input type="checkbox"/>	Personal service business <i>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.</i>
<input type="checkbox"/>	<input type="checkbox"/>	Business owns capital equipment (machinery, vehicles, etc.)
<input type="checkbox"/>	<input type="checkbox"/>	Business owns or occupies real estate
<input type="checkbox"/>	<input type="checkbox"/>	Business occupies a home office
<input type="checkbox"/>	<input type="checkbox"/>	I/we intend to sell this business
<input type="checkbox"/>	<input type="checkbox"/>	I/we intend to leave this business to family
		<b>Choice of Entity:</b> (Check <i>all</i> that apply)
<input type="checkbox"/>	<input type="checkbox"/>	Proprietorship (or LLC taxed as a proprietorship)
<input type="checkbox"/>	<input type="checkbox"/>	Partnership (or LLC taxed as a partnership)
<input type="checkbox"/>	<input type="checkbox"/>	S corporation (or LLC taxed as an S corporation)
<input type="checkbox"/>	<input type="checkbox"/>	C corporation (or LLC taxed as a C corporation)
		<b>Salaries and Employees:</b>
_____	_____	Yourself (salary or guaranteed payments only) <i>Enter your salary as reported on Form W2 if your business is incorporated or "guaranteed payments" you draw from your partnership or LLC.</i>
_____	_____	Your spouse (salary or guaranteed payments only)
<input type="checkbox"/>	<input type="checkbox"/>	Minor child or children
<input type="checkbox"/>	<input type="checkbox"/>	Adult child or children
<input type="checkbox"/>	<input type="checkbox"/>	Non-family employees
_____	_____	Non-family payroll (annual amount) <i>"Payroll" includes employees only, and not independent contractors.</i>
		<b>Benefit Plans Offered:</b>
<input type="checkbox"/>	<input type="checkbox"/>	Group health insurance
<input type="checkbox"/>	<input type="checkbox"/>	Health Savings Accounts
<input type="checkbox"/>	<input type="checkbox"/>	Medical expense reimbursement plan
<input type="checkbox"/>	<input type="checkbox"/>	Flexible spending account: healthcare
<input type="checkbox"/>	<input type="checkbox"/>	Flexible spending account: daycare
<input type="checkbox"/>	<input type="checkbox"/>	Education assistance plan
<input type="checkbox"/>	<input type="checkbox"/>	Nonqualified deferred compensation plan
<input type="checkbox"/>	<input type="checkbox"/>	SIMPLE IRA
<input type="checkbox"/>	<input type="checkbox"/>	SEP-IRA
<input type="checkbox"/>	<input type="checkbox"/>	Profit sharing/money purchase plan
<input type="checkbox"/>	<input type="checkbox"/>	401(k) plan
<input type="checkbox"/>	<input type="checkbox"/>	Defined benefit plan

## Your Investments

Self	Spouse	<b>Objectives:</b>
<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
		<b>Taxable Accounts:</b>
		<i>Check if you hold any of these investments <b>outside</b> 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
		<b>Advanced Strategies:</b>
<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
		<b>Real Estate Investments:</b>
		<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”