



Tax Planning Client Questionnaire

General Information

Client:

Name: _____
Address: _____
Date of birth: _____

Spouse/Partner:

Name: _____
Date of birth: _____

Children	Name	Date of birth	Student?	Do they live with you?
1				
2				
3				
4				
5				

Other Dependents	Name	Date of birth	Relationship	% of support provided
1				
2				
3				
4				
5				



Real Estate

Do you own or rent your primary residence? _____

Do you own a vacation property or 2nd home for personal use?

	Address	Type of Property	Mortgage?
1			
2			
3			

Have you purchased or acquired interest in any rental real estate since 12/31/2017?

	Address	Type of property	Purchase Price	% Ownership
1				
2				
3				
4				
5				

Do you intend to purchase or acquire interest in any rental real estate in the next 1-24 months?

	Address	Type of property	Purchase Price	% Ownership
1				
2				
3				
4				
5				

Have you sold any rental real estate since 12/31/2017?

	Address	Type of property	Sale Price
1			
2			
3			
4			
5			



Business

Have you started, purchased or acquired interest in any business since 12/31/2017?

	Legal Business Name	Type of Business	Purchase Price	% Ownership
1				
2				
3				
4				
5				

Do you intend to start, purchase or acquire interest in any business in the next 1-24 months?

	Legal Business Name	Type of Business	% Ownership
1			
2			
3			
4			
5			

Do you intend to sell any currently owned business in the next 5 years?

	Legal Business Name	% Ownership
1		
2		
3		
4		
5		



Potential Deductions

Please complete the approximate annual amount you spend **personally** (not through business) in each category:

Home

Mortgage or rent	\$ _____
Homeowners insurance	\$ _____
Property taxes	\$ _____
HOA Fees	\$ _____
Cleaning (DIY & Service)	\$ _____
Lawn & Landscaping (DIY or Service)	\$ _____
Pest control	\$ _____
Security	\$ _____
Repairs & Maintenance	\$ _____
Renovations	\$ _____
Snow Removal	\$ _____
Supplies	\$ _____
Utilities:	
Internet	\$ _____
Telephone	\$ _____
Water & Sewer	\$ _____
Gas & Oil	\$ _____
Electric	\$ _____
Other Utilities	\$ _____

Financial & Professional

Bank fees	\$ _____
Investment advisory	\$ _____
Legal	\$ _____
Tax & Accounting	\$ _____

Health & Medical

Medical Copays	\$ _____
Health Insurance Premiums	\$ _____
Life Insurance Premiums	\$ _____
Disability Insurance Premiums	\$ _____
Long Term Care Premiums	\$ _____
Prescription medications	\$ _____
Over the counter medications	\$ _____
Orthodontics	\$ _____
Eye exams & glasses / contacts	\$ _____
Other out of pocket costs	\$ _____
Gym memberships	\$ _____
Personal trainers	\$ _____
Nutritionist	\$ _____
Massage	\$ _____
Therapy	\$ _____



Home Office

Furniture	\$ _____
Artwork	\$ _____
Supplies	\$ _____
Computer	\$ _____
Software	\$ _____
Tech & Gadgets	\$ _____
Other	\$ _____

Personal

	Self & Partner	Dependents
Clothing	\$ _____	\$ _____
Food	\$ _____	\$ _____
Hair, Nails, etc.	\$ _____	\$ _____
Entertainment (games, netflix, etc)	\$ _____	\$ _____
Entertainment (sporting events, concerts)	\$ _____	\$ _____
Travel & Vacations	\$ _____	\$ _____
Education & Tuition	\$ _____	\$ _____
Day Care & Camps	\$ _____	\$ _____

Vehicles

Loan / Lease Payment	\$ _____
Insurance	\$ _____
Repairs & Maintenance	\$ _____
Inspections & Registration	\$ _____
Other	\$ _____

Vehicle 1: Percent of time vehicle used for business _____ %
 Vehicle 2: Percent of time vehicle used for business _____ %
 Vehicle 3: Percent of time vehicle used for business _____ %



Retirement & Estate Planning

Please list all current retirement accounts:

	Type of Account	Custodian	Value	Current Year Contributions
EX	IRA/SEP/401k/DD	TD Ameritrade	\$1,000,000.00	\$50,000.00
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

At what age would you like to retire? _____

Do you currently have life insurance? _____

Do you have a will? _____

Have you created any trusts? _____

Have you done any other estate planning? _____

Additional information you'd like us to know about: