

Client Worksheet

	Client	Client
Name		
Date of Birth		
Social Security #		
Home Address		
Home Phone		
Business Name		
Business Address		
Business Phone		
Occupation		
Referred By		
Mail Preference circle one	Home	Office

Children Names	Social Security Number	Date of Birth

Short term Goals:

Long term Goals:

Net Worth Statement

Assets	Ownership	Amount
Personal		
Primary Residence		
Automobiles		
Other personal Assets		
Liquid Assets		
Checking Accounts		
Money Market Accounts		
CD's/Credit Union accts		
Fixed		
Bonds or Bond Funds		
US Govt. or Govt. Funds		
Municipal Bonds or Funds		
Notes Receivable		
Cash Value Life Insurance		
Equity		
Stocks		
Stock Mutual Funds		
Real Estate		
Business Interest Partnerships		
Other Investment Assets		
Retirement Assets		
IRA's		
SEP		
401(k)		
403(b)		
Roths		
Total All Assets		

Net Worth Statement cont.

Liabilities

	Rate	Monthly Payment	Current Balance
Mortgage on Residence			
Mortgage on 2 nd Home			
Auto Loans			
Credit Card Debt			
Credit Card Debt			
Credit Card Debt			
Investment Debt			
Total all Liabilities			
Net Worth			

Cash Flow Projections

	Monthly	Annual
Income:		
Wage (client 1)		
Wage (client 2)		
Business		
Investment		
other		
Expenses:		
Rent or Lease Pmts		
Food and Household Expense		
Groceries		
Household supplies		
Eating out		
Utilities		
Phone, Electric, Cable, etc		
Auto Operating		
Gas/Oil		
Repair		
Tolls		
Child Expenses		
School Expenses		
Lunch Money		
Special Events		
Baby Sit/Day Care		
Other		
Gifts		
Holidays		
Domestic Help		
Clothing		
Laundry		
Property improvements		
Home Furnishings		
Vacations		
Membership Dues		
Pet Expenses		
Entertainment		
Books/supplies		
Miscellaneous		
Client 1 personal		
Client 2 personal		

Expenses Continued:

	Monthly	Annual
Medical		
Doctor		
Dentist/Orthodontist		
Eye Exam/Glasses		
Medicine/Drugs		
Charitable Contributions		
Misc. Itemized Deductions		
Other Deductible Interest		
Other Tax		
Property Tax-%of residence		
Life Insurance		
Annual premium		
Misc Insurance Premiums		
Auto		
Disability		
Homeowners		
Medical		
Long Term Care		
Umbrella		
Total Expenses		

Professional Advisors

	Name,Address, and Phone #
Accountant	
Attorney	
Insurance Agent	
Other	