

Date questionnaire completed: _____

Scanned Date: _____ By: _____

Independent Tax & Financial Planners, P.C.

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Questionnaire**PERSONAL INFORMATION****CLIENT****PARTNER**

Full Name:				
Social Security Number:				
Date of Birth:				
State of Birth:				
If partner is deceased, date of death:				
Primary Occupation:				
Brief job description:				
Are you a US citizen?	Yes	No	Yes	No
If not, indicate citizen of:				
Driver's License Number/State:				
Home Phone Number:				
Work Phone Number:				
Cell Phone Number:				
Fax Number:				
Email address: Home:				
Work:				
Preferred Method of Contact:				
Home Address:	<div>Street</div> <div>City State Zip Code</div>			
Mailing Address:	<div>Street City State Zip Code</div>			
(If different from home address)				
Are you a dependent of another taxpayer?	Yes	No	Yes	No
If so, name of taxpayer and relationship:				
What is your marital status?				
Have you been married previously?	Yes	No	Yes	No

If applicable, how many children do you have?

Dependent?	Name	Date of Birth	Social Security Number	Relationship
Y N				
Y N				
Y N				
Y N				
Y N				

Do you have grandchildren? Yes No If yes, how many: _____

Does anyone other than your children depend on either of you financially? Yes No

Check if you are legally blind:

GENERAL INFORMATION

	CLIENT			PARTNER		
	Yes	No		Yes	No	
1. Are you currently employed?						
If so, name of employer:						
Employer's Address:						
	Street			Street		
	City	State	Zip	City	State	Zip
2. Number of years with current employer:						
If less than 2 years, list previous employer:						
Number of years with previous employer:						
3. Approximate annual gross salary?						
4. Are you retired? If yes, as of when?	Yes	No		Yes	No	
5. Are you self-employed/business owner?	Yes	No		Yes	No	

***If you are self-employed, please complete the Business Questionnaire:**

6. What is your approximate total annual income from other sources: \$ _____
(e.g. Pensions, Social Security, Interest, Dividends, Disability, Alimony, Partner/Shareholder Income)

7. Do you foresee a substantial change in your total income during the next two (2) years? Yes No
If so, please explain: _____

8. Do you foresee any changes in lifestyle expenditures, including Yes No
responsibility for children/parents? If so, please explain: _____

9. Please indicate if you or your children are currently attending college: N/A

Name of Student	Name of School	Year Started School	Major	Annual Cost
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

PLANNING AND RECORD KEEPING

	CLIENT			PARTNER		
	Very	Somewhat	Not at all	Very	Somewhat	Not at all
1. Have you established some realistic short and long term financial goals?						
<i>Financial Planning Goals</i>						
Rate Importance of Goals						
Saving for a new house/car						
Saving for retirement						
Saving for children's/grandchildren's education						
Other:						
Other:						
2. Do you have a useful & comprehensive personal record-keeping system?						
3. Do you have a safe deposit box?						
4. Do you have a complete, up-to-date inventory of your household furnishings and possessions?						
5. Do you have a list of the contents of your wallet/purse? (Including credit card numbers)						
6. Do you periodically prepare a personal balance sheet? (i.e. a listing of your assets, liabilities, and net worth)						
7. Do you periodically prepare a household budget that lists expected income and expenses?						

8. Are your savings objectives met in accordance with your budget? Yes No

9. Are you periodically overburdened financially due to unexpected expenses or large annual bills (e.g. insurance, property taxes, vacation expenses, IRA contributions)? Yes No

INSURANCE

1. Do you have life insurance?	Client	Term	Whole Life	N/A
	Partner	Term	Whole Life	N/A

2. How will your family survive if you or your partner's income is cut-off by untimely death?

3. Do you have a life/disability insurance broker?

Yes No

Name: _____

Address: _____

CLIENT**PARTNER**

A. Name of life insurance company:

Type of insurance:

Amount of coverage/Policy Effective Date:

\$ _____

\$ _____

B. Name of life insurance company:

Type of insurance:

Amount of coverage/Policy Effective Date:

\$ _____

\$ _____

4. Will the insurance cover the following:

a. Mortgage and debt payoff?

Yes No N/A

Yes No N/A

b. Replacement of income?

Yes No N/A

Yes No N/A

c. Education expenses?

Yes No N/A

Yes No N/A

d. Child care/home care expenses?

Yes No N/A

Yes No N/A

e. Estate and income taxes?

Yes No N/A

Yes No N/A

f. Retirement income?

Yes No N/A

Yes No N/A

g. Other: _____

Yes No N/A

Yes No N/A

5. Describe your health and physical condition:

Smoker:

Yes No

Yes No

General Condition:

Good Poor

Good Poor

6. Do you and all members of your household have at least the minimum health insurance coverage?

Yes No

If yes, please identify type of coverage:

Employer

Government (i.e. Medicare)

Marketplace

Insurance Company

Deductible \$ _____ (Individual) \$ _____ (Family)

Co-Insurance \$ _____ (Individual) \$ _____ (Family)

7. Do you have long-term care insurance?

Client

Yes No

Partner

Yes No

8. Do you have professional liability insurance?

Client

Yes No

Partner

Yes No

9. If you are a director or an officer, do you have a separate directors' and officers' (D&O) liability policy?

Client

Yes No N/A

Partner

Yes No N/A

10. Do you engage in any professional activities outside your regular employment that may require insurance?	Client	Yes	No
	Partner	Yes	No
11. Do you have personal disability insurance?	Client	Yes	No
(Not an employer plan)	Partner	Yes	No
11a. Do you have an employer disability insurance plan?	Client	Yes	No
	Partner	Yes	No
11b. Do you have individual disability insurance that protects your retirement contributions?	Client	Yes	No
	Partner	Yes	No
11c. How would a disability affect your income?	_____		
12. Does your homeowner's policy replacement cost coverage equal at least 80% of the value of the property?	Yes	No	N/A
13. If you own a rental property, do your renters have an HO-4 renter's policy with no less than \$300,000 in liability?	Yes	No	N/A
14. Do you have flood or earthquake insurance?	Flood	Earthquake	Yes No N/A
15. Do you have additional insurance protection for any of the following:	Yes	No	N/A
Jewelry Silverware Safe Deposit Box Contents Other Valuables			
16. Do you have a personal liability (umbrella) insurance policy?	Yes	No	N/A
16a. If yes, does your umbrella insurance policy specifically list your residence, vehicles, resident drivers, watercraft, motorcycles, etc.?	Yes	No	N/A
17. Do you have a homeowner insurance broker?	Name: _____	Phone: _____	
Yes No	Address: _____		

BORROWING AND CREDIT

1. Have you established your credit through borrowing for worthwhile purposes?	Client	Yes	No
	Partner	Yes	No
2. How much credit card debt do you have?	Client: \$ _____	Partner: \$ _____	
3. When did you last check your free annual credit report?	Client: _____	Partner: _____	
4. Are you considering making a major purchase (e.g. auto, home) in the next five years that would require borrowing?	Yes	No	
5. Are you currently leasing a personal automobile?	Yes	No	
5a. Are you aware of the advantages and disadvantages of leasing?	Yes	No	
6. Have you secured, or are you now considering securing a home equity loan?	Yes	No	
7. Do you have any education loans?	Client	Yes	No
If yes, what is the total amount? \$ _____	Partner	Yes	No

SAVINGS AND INVESTMENTS

1. Do you save through payroll withholding or some other recurring program?	Yes	No
2. How much of your savings is in banks, mutual funds, stocks, bonds, 401K plan, other retirement plans, and cash value of life insurance and annuities?*	<u>Institution or Investment</u>	<u>Amount</u>
Client	Partner	Joint
_____	_____	\$ _____
Client	Partner	Joint
_____	_____	\$ _____
Client	Partner	Joint
_____	_____	\$ _____

*Please complete the Net Worth Worksheet:

3. Do you have emergency savings equal to at least 3 months of your salary?	Yes	No
4. What are your primary investment objectives?	Capital Preservation	Income
	Capital Appreciation	Speculation
5. What is your level of investment experience?	High	Low
	Moderate	None

6. If either you or your partner have any control relationships with a publicly traded company, please indicate:

Shareholder (10% or more) Director

Policymaking Officer Company:

7. Do you (or would you) like to actively choose your investments? (As opposed to having someone else choose them)	Yes	No
8. Do you periodically review your overall savings and investment portfolio?	Yes	No
9. Are you satisfied with your investments performance?	Yes	No
10. Have you gotten an investment professional to review the appropriateness of the diversity of your investments?	Yes	No
11. Do you like to make risky investments from time to time (e.g. stock options, commodity futures, speculative stock, junk bonds)?	Yes	No

12. Select one of the following choices that best describes your tolerance to investment risk:

Client	Partner	Tolerance
		Conservative. I do not wish to accept the risk that the portfolio will decline in value, and I will accept lower returns to protect against declines.
		Moderate to Conservative. Although protection of principal is a concern, I am seeking higher returns with minimal risk, and I can tolerate a small amount of volatility.
		Moderate. I am willing to accept some fluctuations of principal to achieve a better return.
		Moderate to Aggressive. I am willing to tolerate greater fluctuations of principal balances in an attempt to achieve an even higher return.
		Aggressive. I am seeking maximum returns and am willing to accept substantial fluctuations to principal, with the expectation that the long-term gains are ultimately achieved.

13. In order to pursue your long term investment goals, could you accept a short term loss of:

CLIENT	5%	10%	20%	30%	40% or more
PARTNER	5%	10%	20%	30%	40% or more

14. Do you participate in your employer's stock purchase plan?	Client	Yes	No
	Partner	Yes	No
15. Do you have a substantial amount of your stock market investments or your retirement plan tied up in the stock of one or very few companies?		Yes	No
16. If you own stock directly or through mutual funds, do you participate in their automatic dividend reinvestment plans?	Yes	No	N/A
18. Do you or your family expect to receive a substantial inheritance (more than \$50,000) in the near future?	Yes	No	
19. Do your children have savings accounts? (i.e. UTMA, UGMA) Total: \$_____	Yes	No	N/A
20. Do your children have education accounts? (i.e. 529, Coverdell) Total: \$_____	Yes	No	N/A

***If your children have savings accounts, please complete the Net Worth Worksheet:**

21. Rank the relative importance of the following typical investment objectives in planning your overall investment strategy. Rank 1 through 5, using each number once. **(1 = Most important; 5 = Least important)**

Current Income - need to live off of investment income at the present time _____

Liquidity - ability to convert the investment into cash quickly _____

Capital appreciation - possibility of the original investment gaining in value over time _____

Safety - little or no danger of losing investment _____

Tax Shelter - investments that have current and/or longer term tax advantages _____

22. Do you have an investment advisor representative?

Yes

No

If yes:

Name: _____

Phone: _____

Address: _____

RETIREMENT PLANNING

1. Do you have a clear picture of your financial objectives and what you need to save in order to retire at the age you would like to?

Yes

No

2. What is your projected retirement age?

Client _____

Partner _____

3. Age that you wish to take distributions from IRA, 401K, 403B, 457b, and other retirement accounts.

Client _____

Partner _____

4. Have you determined a reasonable savings rate for the achievement of your retirement goals? If so, please indicate: _____%

Yes

No

5. Indicate which retirement accounts you have:

Client	Keogh	SEP	SIMPLE	401K	403B	457B	IRA	ROTH IRA	OTHER _____
Partner	Keogh	SEP	SIMPLE	401K	403B	457B	IRA	ROTH IRA	OTHER _____

6. Do you make contributions to an IRA each year?

Client

Traditional

Yes

No

N/A

Roth

Yes

No

N/A

Partner

Traditional

Yes

No

N/A

Roth

Yes

No

N/A

6a. Do you know that you can stretch the tax-deferral benefits of your IRA over a number of generations?

Yes

No

7. Are you currently enrolled in a company pension plan?

Client

Yes

No

N/A

Partner

Yes

No

N/A

8. Does your current employer offer thrift plans, savings plans, or salary reduction (401K, 403B, 457b, Simple) plans?

Client

Yes

No

Partner

Yes

No

8a. If so, does your employer match contributions?

Client

Yes

No

N/A

Partner

Yes

No

N/A

9. Have you invested in tax-deferred annuities or are you considering doing so?

Client

Yes

No

Partner

Yes

No

10. Have you setup a "my Social Security" account on the social security website?

Client

Yes

No

Partner

Yes

No

11. Have you done any Social Security planning?

Client

Yes

No

Partner

Yes

No

*****If you are over age 45 but have not yet retired, answer the following questions.*****

Otherwise proceed to the Estate Planning section.

1. How much income will you need per month upon retirement?	\$ _____		
2. How much income will you have upon retirement?	\$ _____		
3. What are your current monthly living expenses?	\$ _____		
4. Have you considered alternate places for living when you retire?		Yes	No
5. Have you thought about what you will be doing when you retire (e.g. travel, work PT)?		Yes	No
6. Exclusive of your home, are more than half of your invested funds in stocks and/or real estate?		Yes	No
7. Have you discussed expected pension benefits with a company representative?	Client	Yes	No
	Partner	Yes	No
8. Will you have the option of taking a lump-sum pension payment instead of an annuity at retirement?	Client	Yes	No
	Partner	Yes	No

ESTATE PLANNING

1. Do you have a will?	Client	If so, when is it dated? _____	Yes	No
	Partner	If so, when is it dated? _____	Yes	No
2. Do you have a durable power of attorney?	Client		Yes	No
	Partner		Yes	No
3. Do you have a living will?	Client		Yes	No
	Partner		Yes	No
4. Do you have a durable power of attorney for medical care?	Client		Yes	No
	Partner		Yes	No

5. Who are the beneficiaries to your estate? **Client:** _____
Please put name and relationship (i.e. Mike - Husband) _____

Partner: _____

5a. Have you recently reviewed all non-probate assets (i.e. retirement accounts, IRA's, (i.e. retirement accounts, IRA's, 401K's, insurance policies)?		Yes	No	N/A
6. Do you have a letter of instruction (i.e. a readily available document that provides your survivors with pertinent information about your insurance policies, investments, funeral wishes, etc.)?	Client	Yes	No	
	Partner	Yes	No	
7. Have you discussed the contents and whereabouts of your will and letter of instruction with your immediate family?		Yes	No	
8. Are you the beneficiary or grantor of any trusts?	Client	Yes	No	
	Partner	Yes	No	
9. Have you appointed a financial guardian for your dependent children (i.e. a responsible person who will oversee the financial affairs of your children)?		Yes	No	N/A
10. Have you established an adult guardianship arrangement for yourself (in the event that you become disabled or mentally incompetent)?		Yes	No	

11. Have you set up or are you considering setting up trust funds as part of your overall estate planning?		Yes	No
12. Is it important for you to leave assets to your loved ones or to a charity?	Client	Yes	No
	Partner	Yes	No
13. Do you have an attorney?	Yes	No	Name: _____
			Phone: _____
			Address: _____
14. Have you evaluated the most advantageous way to designate the owner(s) of your investments and real estate (i.e. individual ownership vs. some type of joint ownership)?		Yes	No
15. Do you have real estate and/or other business interests in more than one state?		Yes	No
16. Have you informed your family of any preferences concerning your funeral?	Client	Yes	No
	Partner	Yes	No
17. Is there any reason why you or your partner would not have a normal life expectancy (shorter or longer)?			
If yes, please explain: _____			
18. Does someone know your various usernames and passwords or where they can be found?	Client	Yes	No
	Partner	Yes	No
19. Will any family members play a role in your financial affairs?		Yes	No

Individual**Comments**

_____	_____
_____	_____
_____	_____

REAL ESTATE

1. Do you own a house or condominium?	Yes	No
2. Do you rent? If yes, what is your monthly rent? \$ _____	Yes	No
3. Do you plan to buy a house in the future?	Yes	No
4. Are you considering any major home improvements in the future?	Yes	No
5. Please list information regarding your Mortgage: <i>(Leave blank if not applicable)</i>		
\$ _____	\$ _____	% = Mortgage Int. Rate
Home Current Value	Outstanding Mortgage	_____ = Years Remaining
5a. Please list information regarding your Home Equity Loan:		
\$ _____	\$ _____	% = Loan Int. Rate
Original H.E. Loan	Outstanding H.E. Loan	_____ = Years Remaining
6. Please list information regarding your second home: Location: _____		
\$ _____	\$ _____	% = Mortgage Int. Rate
Home Current Value	Outstanding Mortgage	_____ = Years Remaining
7. Please list information regarding your investment property:		
\$ _____	\$ _____	% = Mortgage Int. Rate
Property Value	Outstanding Mortgage	_____ = Years Remaining
8. Do either of you own any limited partnership investments?	Yes	No

***If you answered yes to any of these questions, please complete the Net Worth Worksheet:**

TAX PLANNING

1. Do you prepare your own income tax return?	Yes	No
2. Do you know what tax bracket you are in? If yes, please specify _____ %	Yes	No
3. If self-employed, do you maintain a retirement plan for the self-employment income? N/A	Yes	No
4. Do you consider yourself knowledgeable about tax-saving techniques and the latest changes in tax laws?	Yes	No
5. Do you have a system in place to record miscellaneous tax-deductible expenses?	Yes	No
6. In your opinion, is your personal record-keeping system adequate enough to be useful in preparing your tax return? (i.e. business expenses, charity, cost-basis)	Yes	No
7. Are you familiar with the potential benefits of tax-sheltered investments?	Yes	No
8. Does your tax situation require immediate, large tax write-offs?	Yes	No
9. Do you have an accountant?	Yes	No

If yes: Name: _____ Phone: _____ Address: _____

ADDITIONAL WORKSHEETS**PLANNING INTERESTS**

Investment Planning	Recordkeeping	Business Structure/Succession
Retirement Planning	Budgeting, Savings and Accumulation	Business Review
Tax Planning	Charitable Planning	Business Continuation Concerns
Insurance Review/Planning	Estate Planning/Organization	Other: _____
Education Funding	Inflation/Standard of Living Update	Other: _____

QUESTIONS, COMMENTS, AND CONCERNS

Michael J. Amato, CPA/PFS, CFP™, CCFS, CFS, Registered Representative
 Jeffrey P. Deissler, CPA, Registered Representative
 Steven J. Rothwein, CPA, MBA, Registered Representative
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Investments are subject to market risks including the potential loss of principal invested. Yields and prices will fluctuate along with the market and other economic conditions. Securities may be worth less than the original cost when redeemed.

There is no guarantee that dividends will continue and may be subject to stock market fluctuation.