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Financial Advisor

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TURNER AND ASSOCIATES

Client Checklist

The following items will help us develop your customized financial strategy. Please bring the following items to our next meeting:

- ☐ Latest completed tax return
- ☐ Earnings and/or pay statements from your employer
- ☐ Social security report (from www.ssa.gov)
- ☐ Investment account Statements (brokerage statements, bank CD statements, etc.)
- ☐ Latest statements from IRA, Roth IRA, 401k, and other retirement plans
- ☐ Latest statement from mutual fund accounts
- ☐ Annuity contracts
- ☐ Life insurance policies
- ☐ Disability insurance policies
- ☐ Employee benefits booklets
- ☐ Wills and trust documents
- ☐ Pension calculator – password/pin

Personal Cash Flow

Income

	Monthly	Annually	Non-Taxable Portion
Salary (client A)			
Salary (client B)			
Self-Employment (A)			
Self-Employment (B)			
Interest & Dividends			
Pension & Alimony			
Social Security			
Rental Property(Net)			
Other			
Total Income			

Taxes

	Withheld/Estimated Payments Monthly	Annually
Income Taxes		
Federal		
State & Local		
Client A:		
Self-Employment		
OASDI		
Medicare		
Client B:		
Self-Employment		
OASDI		
Medicare		
Total Taxes		

General Insurance

Policy Type	Premium Monthly	Annually
Liability		
Homeowners		
Medical		
Long-Term Care		
Automobile		

Name: ______________________

Address: ______________________

____

Phone Numbers:

______________________ Home

______________________ Work

______________________ Cell

Expenses

	Monthly	Annually
Housing:		
Mortgage/Rent ________		
Property Taxes ________		
Utilities ________		
Telephone ________		
Cable TV ________		
Maintenance ________		
Other ________		
Total		
Child Care		
Transportation		
Car Payments ________		
Gas/Maintenance ________		
License Fees ________		
Bus/Tolls/Tax ________		
Other ________		
Total		
Food and Beverage		
Groceries ________		
Work Lunches ________		
School Lunches ________		
Snacks ________		
Other ________		
Total		
Clothing(Entire Family)		
Furnishings		
Personal Care & Cash		
Medical/Dental/RX		
Education/Self Improvement		
Debt/Installment Pymts		
Entertainment:		
Dining Out ________		
Recreation ________		
Gifts ________		
Other ________		
Total		
Vacations/Holidays		
Charitable Contributions		
Total Expenses		

Additional Monthly Savings Goal	

Personal Assets & Liabilities

Asset Description	Market Value	Liability	
Business Interests			
Partnership Interests	______	______	
C_Corp. Interest	______	______	
S-Corp Interest	______	______	
Sole Proprietorship	______	______	
Real Property			
Land	______	______	
Buildings	______	______	
Personal Property			
Machinery	______	______	
Fixture/Inventory	______	______	
Business Account	______	______	
Crops/Livestock	______	______	
Real Property			
Primary Residence	______	______	
Secondary Residence	______	______	
Land	______	______	
Rental Property	______	______	
Personal Property			**Monthly Savings**
Checking	______	______	
Savings	______	______	______
Money Market/Funds	______	______	______
CDs	______	______	
	______	______	
	______	______	
T-Bills, T-Notes	______	______	
Gov't Bonds/Funds	______	______	
Municipal Bonds/Funds	______	______	______
	______	______	______
	______	______	______

Client Name: ______________________

Personal Assets & Liabilities

Asset Description	Market Value	Liability	Monthly Savings	
Personal Property				
Corporate Bonds/Funds				
Notes/Mortgages Receivable				
Preferred Stocks				
Common Stocks				
Income Mutual Funds				
Growth Mutual Funds				
Limited Partnerships				
Art, Antiques, Stamps, Coins				
Gold, Silver and Options				
Commodities and Options				
Other Assets				
Insurance Plans				
Life Insurance Net Cash Values				
Annuities				
Retirement Plans				**Monthly Co. Match**
IRA				
401(K)/Profit Sharing				
Keogh				
TDA				
SEP/Simple				
Nonworking Assets				
Automobile				
Personal Property				
Other Liabilities				
Credit Cards				
Home Equity Loans				
Other Loans				

Client Name:______________________________