Tax Financial
Your money, your values, your sanity.

Confidential Questionnaire

There is no need to copy information into the questionnaire that is provided elsewhere, in statements, tax returns or otherwise.
Note: Definitely need dates of birth for all family members.
PLEASE DO NOT EMAIL. Save & Drop in secure portal at: *https://1taxfinancial.securefilepro.com/*

Date of Completion: ____________

Client Information

	Nickname		Nickname
Client Name (1)	______________	Client Name (2)	______________
Home Address	______________	Home Address	______________
City, State, ZIP	______________	City, State, ZIP	______________
Home Phone	______________	Home Phone	______________
Work Phone	______________	Work Phone	______________
Mobile Phone	______________	Mobile Phone	______________
E-mail	______________	E-mail	______________
Date of Birth	______________	Date of Birth	______________

Primary Contact Person? ______________

Contact me/us by ☐ E-mail or ☐ Phone

Marital Status: ○ Married ○ Single ○ Unmarried Couple

Family Members (please list children and other dependents)

Name	Relationship	Date of Birth	Dependent	Resides (City & State)
			☐	
			☐	
			☐	
			☐	

Employment

Client Employer (1)	______________	Client Employer (2)	______________
Number of years with this employer?	________	Number of years with this employer?	________
Anticipated employment changes?	________	Anticipated employment changes?	________
When do you plan to retire?	________	When do you plan to retire?	________
Salary	________	Salary	________
Self Employment Income	________	Self Employment Income	________
Bonus/Commissions	________	Bonus/Commissions	________
Other Income	________	Other Income	________
TOTAL (Current Year) =	$0	TOTAL (Current Year) =	$0

Any other info that might be helpful for planning?

Tax & Estate Planning Documentation

Who prepares your tax return? ○ Self ○ Paid Preparer ○ Other?________________

Do you have estate planning documents?	Year Drafted	State Drafted
☐ Wills	________	________
☐ Living Trusts	________	________
☐ Powers of Attorney	________	________
☐ Living Wills/Healthcare Directives	________	________
☐ Other Documents	________	________

Financial Opinions/Preferences

Of the following statements, summarize your attitudes or beliefs using a scale of 1 - 5.

Client 1	Client 2	1 = Most True, 5 = Least True
______	______	I am optimistic about my financial future.
______	______	I would rather work longer than reduce my standard of living in retirement.
______	______	I feel that I/we can reduce our current living expenses to save more for the future if needed.
______	______	I need to focus my investment efforts on building cash reserves.
______	______	I am not a risk taker.
______	______	I don’t brood over bad investment decisions I’ve made.
______	______	I am more concerned about protecting my assets than about growth.
______	______	I prefer the ease of mutual funds over individual securities.
______	______	I am comfortable with investments that promise slow, long term appreciation and growth.
______	______	I do not feel comfortable with aggressive growth investments.
______	______	I don’t like surprises.
______	______	My immediate concern is for income rather than growth opportunities.
______	______	I make investment decisions comfortably and quickly.
______	______	I like predictability and routine in my daily life.
______	______	I usually pick the tried and true, the slow, safe but sure investments.
______	______	I prefer predictable, steady return on my investments, even if the return is low.

How were your current investment assets selected?

SAVE & SEND SECURELY