



FINANCIAL REVIEW INFORMATION QUESTIONNAIRE

Personal and Confidential

INSTRUCTIONS:

PLEASE COMPLETE AS MUCH AS YOU CAN OF THE INFORMATION IN THIS QUESTIONNAIRE WHICH WE DO NOT ALREADY HAVE OR WHICH HAS CHANGED.

PRINT EXTRA COPIES OF PAGES YOU NEED MORE OF.

PLEASE PROVIDE US WITH ANY ACCOUNT STATEMENTS FOR ACCOUNTS THAT WE DO NOT HOLD AND WHICH YOU WOULD LIKE US TO INCLUDE IN OUR ANALYSIS.

WE KNOW THAT IT IS ONEROUS, HOWEVER, THE MORE COMPLETE AND UP TO DATE INFORMATION WHICH YOU PROVIDE US THE BETTER WE CAN ADVISE YOU!

Financial Advisor: _____

Date: _____

DOCUMENT CHECK LIST

Please provide us with copies of as many of the following documents as you can for our review and analysis:

- Recent tax return**

- Pay stubs**

- Insurance policy endorsement / declaration / benefits pages**

- Recent account statements**

- Benefit booklets / Summary Plan Descriptions**

- Mortgage statement**

- Liability statements**

We will be happy to make the copies of these documents for you if you and will return your originals to you.

Personal Information

Personal Information

	Client	Spouse
Full Name	_____	_____
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth	____ / ____ / ____	____ / ____ / ____
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed
Email Address	_____	_____
Employment Status	<input type="checkbox"/> Retired <input type="checkbox"/> Employed <input type="checkbox"/> Business Owner <input type="checkbox"/> Homemaker <input type="checkbox"/> Not Currently Employed	<input type="checkbox"/> Retired <input type="checkbox"/> Employed <input type="checkbox"/> Business Owner <input type="checkbox"/> Homemaker <input type="checkbox"/> Not Currently Employed
Employment Income	\$ _____	\$ _____
Other Pre-Retirement Income <i>(non investment)</i>	\$ _____	\$ _____
Citizenship	_____	_____
State of Residence	_____	_____

Enter children, grandchildren, other dependents or any other person whom you will give a Gift, designate as a Beneficiary or assign ownership of an insurance policy. Note: Date of Birth is only required for Children, Grandchildren and Other Dependents.

Name	Date of Birth	Relationship
_____	____ / ____ / ____	<input type="checkbox"/> Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Other Dependent <input type="checkbox"/> Beneficiary/Donee <input type="checkbox"/> Charity <input type="checkbox"/> Trust
_____	____ / ____ / ____	<input type="checkbox"/> Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Other Dependent <input type="checkbox"/> Beneficiary/Donee <input type="checkbox"/> Charity <input type="checkbox"/> Trust
_____	____ / ____ / ____	<input type="checkbox"/> Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Other Dependent <input type="checkbox"/> Beneficiary/Donee <input type="checkbox"/> Charity <input type="checkbox"/> Trust
_____	____ / ____ / ____	<input type="checkbox"/> Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Other Dependent <input type="checkbox"/> Beneficiary/Donee <input type="checkbox"/> Charity <input type="checkbox"/> Trust

****NOTE: PLEASE PROVIDE US WITH COPIES OF ANY RECENT STATEMENTS FOR ANY ACCOUNTS WE DO NOT CURRENTLY HOLD AND YOU WOULD LIKE US TO REVIEW AND CONSIDER IN OUR ANALYSIS.**

Financial Goals

Retirement Goal

Goal Importance (circle one)

10	9	8	7	6	5	4	3	2	1
Needs			Wants				Wishes		

Ideal Age to Retire: _____
Client Spouse

Acceptable Age to Retire _____
Client Spouse

Life Expectancy: _____
Client Spouse

Retirement Living Expense:

Enter Ideal Living Expense

Use the following amounts for the Retirement periods:

- Expense Period 1 -- Client retired/Spouse working \$ _____ Month Year
- Expense Period 2 -- Spouse working/Client retired \$ _____ Month Year
- Expense Period 3 -- Client AND Spouse retired \$ _____ Month Year
- Expense Period 4 -- Client alone \$ _____ Month Year
- Expense Period 5 -- Spouse alone \$ _____ Month Year

Enter Acceptable Living Expense

Use the following amounts for the Retirement periods:

- Expense Period 1 -- Client retired/Spouse working \$ _____ Month Year
- Expense Period 2 -- Spouse working/Client retired \$ _____ Month Year
- Expense Period 3 -- Client AND Spouse retired \$ _____ Month Year
- Expense Period 4 -- Client alone \$ _____ Month Year
- Expense Period 5 -- Spouse alone \$ _____ Month Year

Adjustments to Living Expense Amounts

Description	Year Expense Will End	Amount (Current Dollars)	Inflate
		\$ _____ <input type="checkbox"/> Mth <input type="checkbox"/> Yr	<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$ _____ <input type="checkbox"/> Mth <input type="checkbox"/> Yr	<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$ _____ <input type="checkbox"/> Mth <input type="checkbox"/> Yr	<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$ _____ <input type="checkbox"/> Mth <input type="checkbox"/> Yr	<input type="checkbox"/> Yes <input type="checkbox"/> No

Financial Goals

Will this Amount Inflate? No Yes, Base Inflation Rate Yes, Base Inflation Rate +/- _____%

Change State in Retirement

State where you will move: _____

When Will You Move? Client's Retirement Spouse's Retirement OR Year _____

Financial Goals

College Goal

Name: _____ Year to Start: _____ # of Years of College: _____

Goal Importance (circle one)

10	9	8	7	6	5	4	3	2	1
Needs			Wants				Wishes		

Cost Estimate: [Fill in A, B, or C]

A. My ideal cost estimate \$ _____ (Annual Cost)

My acceptable cost estimate \$ _____ (Annual Cost)

B. IDEAL: Use an average cost: Average All - \$19,180

4-year: Public In-State - \$14,927 Public Out-Of-State - \$22,768 Private - \$30,210

2-year: Public In-State - \$11,350 Public Out-Of-State - \$15,657 Private - \$18,088

My acceptable cost estimate \$ _____ (Annual Cost)

C. Specific College: _____ Under Graduate Graduate

State in which the college is located: _____

Include: (Check which to include)

Tuition Out-of-State fees Room & Board Books & Supplies Other Costs

529 Prepaid Tuition Plan

How many years of Tuition and Fees will be covered for this college? _____

My acceptable cost estimate \$ _____ (Annual Cost)

Outside Funding for College (Optional)

Other Funding Sources During College: (Annual Amounts)

Scholarships: \$ _____ Student Employment: \$ _____

Student Loans: \$ _____ Gifts and Other: \$ _____

Your own income: \$ _____ Your Loans: \$ _____

Outside Assets (Assets not owned by you that will be used to pay for this college, not including UGMA's, UTMA's, or 529 Plans)

1. Type of Asset: _____ Description: _____

Current Value: \$ _____ Annual Addition: \$ _____ Growth Rate: _____ %

2. Type of Asset: _____ Description: _____

Current Value: \$ _____ Annual Addition: \$ _____ Growth Rate: _____ %

Will this Amount Inflate? No Yes, Base Inflation Rate Yes, Base Inflation Rate +/- _____ %

(Note: the default rate is 6%)

Financial Goals

College Goal

Name: _____ Year to Start: _____ # of Years of College: _____

Goal Importance (circle one)

10	9	8	7	6	5	4	3	2	1
Needs			Wants				Wishes		

Cost Estimate: [Fill in A, B, or C]

A. My ideal cost estimate \$ _____ (Annual Cost)

My acceptable cost estimate \$ _____ (Annual Cost)

B. IDEAL: Use an average cost: Average All - \$19,180

4-year: Public In-State - \$14,927 Public Out-Of-State - \$22,768 Private - \$30,210

2-year: Public In-State - \$11,350 Public Out-Of-State - \$15,657 Private - \$18,088

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C. Specific College: _____ Under Graduate Graduate

State in which the college is located: _____

Include: (Check which to include)

Tuition Out-of-State fees Room & Board Books & Supplies Other Costs

529 Prepaid Tuition Plan

How many years of Tuition and Fees will be covered for this college? _____

My acceptable cost estimate \$ _____ (Annual Cost)

Outside Funding for College (Optional)

Other Funding Sources During College: (Annual Amounts)

Scholarships: \$ _____ Student Employment: \$ _____

Student Loans: \$ _____ Gifts and Other: \$ _____

Your own income: \$ _____ Your Loans: \$ _____

Outside Assets (Assets not owned by you that will be used to pay for this college, not including UGMA's, UTMA's, or 529 Plans)

3. Type of Asset: _____ Description: _____

Current Value: \$ _____ Annual Addition: \$ _____ Growth Rate: _____ %

4. Type of Asset: _____ Description: _____

Current Value: \$ _____ Annual Addition: \$ _____ Growth Rate: _____ %

Will this Amount Inflate? No Yes, Base Inflation Rate Yes, Base Inflation Rate +/- _____ %

(Note: the default rate is 6%)

Financial Goals

Financial Goal – (Major Purchases, Weddings, Travel, New Home, etc.)

Description: _____

Goal Importance (Circle One)

10	9	8	7	6	5	4	3	2	1
Needs			Wants				Wishes		

Year of Goal: _____

Cost: Ideal \$ _____ Month Year

Acceptable \$ _____ Month Year

Will this Amount Inflate? No Yes, Base Inflation Rate Yes, Base Inflation Rate +/- _____%

Is this goal recurring? No Yes

How often will it occur: Every _____ year(s)

When will it end: Client Retires Spouse Retires End of Client's Plan

End of Spouse's Plan OR Total Occurrences: _____

Description: _____

Goal Importance (Circle One)

10	9	8	7	6	5	4	3	2	1
Needs			Wants				Wishes		

Year of Goal: _____

Cost: Ideal \$ _____ Month Year

Acceptable \$ _____ Month Year

Will this Amount Inflate? No Yes, Base Inflation Rate Yes, Base Inflation Rate +/- _____%

Is this goal recurring? No Yes

How often will it occur: Every _____ year(s)

When will it end: Client Retires Spouse Retires End of Client's Plan

End of Spouse's Plan OR Total Occurrences: _____

Description: _____

Goal Importance (Circle One)

10	9	8	7	6	5	4	3	2	1
Needs			Wants				Wishes		

Year of Goal: _____

Cost: Ideal \$ _____ Month Year

Acceptable \$ _____ Month Year

Will this Amount Inflate? No Yes, Base Inflation Rate Yes, Base Inflation Rate +/- _____%

Is this goal recurring? No Yes

How often will it occur: Every _____ year(s)

When will it end: Client Retires Spouse Retires End of Client's Plan

End of Spouse's Plan OR Total Occurrences: _____

Risk Tolerance Questionnaire

Investment Attitude Risk Questionnaire

To determine the proper Allocation for your Investment Portfolio, you must determine how much Volatility Risk you are willing to accept. This is called your Risk Tolerance.

Answer the following questions to determine your Risk Tolerance.

1. Over what time frame do you plan to invest this money?

- Less than 3 yrs 3 – 5 yrs 5 -7 yrs 7 – 10 yrs More than 10 yrs

2. Which of the following statements best applies to your current income needs?

- None** - Not expecting to need income from the portfolio for several years; investment strategy should emphasize growth.
- Some** - Interested in current income from the portfolio, but willing to accept a lower level of current income in order to have potential for long-term growth.
- Significant** - Primary investment goal is income. Willing to accept less potential for long-term growth in order to seek higher current income.

3. Which of the following statements best describes your acceptable level of portfolio risk?

- Less Accepting of Risk - Conservative:** Very concerned about short term changes in the value of the portfolio, and would like to minimize the chances of big short term swings.
- Accepting Some Degree of Risk - Moderate:** Concerned about short term fluctuations in the value of the portfolio, but will tolerate moderately large short term swings in exchange for higher long term return potential.
- More Accepting of Risk - Long Term:** Not very concerned about short term fluctuations in the value of the portfolio so long as the portfolio is positioned for strong long term returns.

4. Would you prefer the use of some 'alternative investments' and/or tactical management within your portfolio?

- Yes No

What Average Annual Rate of Return* do you want to earn on your portfolio to reach your financial goals?
(Enter a number between 5% and 14%.)

Average Annual Rate of Return* You Want: _____ %

* This rate of return is hypothetical and used for comparison purposes only. It is not related to any specific investment and there is no guarantee you will actually receive this rate.

Risk Tolerance Questionnaire

Willingness to Adjust Preferences

1. How willing are you to retire later than your ideal retirement age?
 - Slightly willing
 - Somewhat willing
 - Very Willing

2. How willing are you to retire later than your ideal retirement age?
 - Both retire in the same year
 - Either can retire first
 - Client 1 can retire first
 - Client 2 can retire first

3. What is the maximum extra amount you could save annually, if necessary, to meet your goals. This amount is the total of additions you are already making to investment assets.
\$ _____

4. How willing are you to save more money?
 - Slightly willing
 - Somewhat willing
 - Very Willing

5. When considering all of the goals you have classified as **NEEDS**, how willing are you to reduce your Goal Amounts from the Ideal?
 - Slightly willing
 - Somewhat willing
 - Very Willing

6. When considering all of the goals you have classified as **WANTS**, how willing are you to reduce your Goal Amounts from the Ideal?
 - Slightly willing
 - Somewhat willing
 - Very Willing

7. When considering all of the goals you have classified as **WISHES**, how willing are you to reduce your Goal Amounts from the Ideal?
 - Slightly willing
 - Somewhat willing
 - Very Willing

Retirement Income

Social Security - Client

Age to Begin Taking Social Security _____

Select One Option:

- Use this amount: \$ _____ Month Year *(pre-tax, current dollars)*
- Use the Planner Estimate *(based on current employment income)*
- Use this percentage of the Planner Estimate: 75% 50% 25% 0%
- I am ineligible for Social Security Benefits

Assign – How to Use: (choose one)

- Earmark to One Goal: _____
- Fund All Goals

Social Security - Spouse

Age to Begin Taking Social Security _____

Select One Option:

- Use this amount: \$ _____ Month Year *(pre-tax, current dollars)*
- Use the Planner Estimate *(based on current employment income)*
- Use this percentage of the Planner Estimate: 75% 50% 25% 0%
- I am ineligible for Social Security Benefits

Assign – How to Use: (choose one)

- Earmark to One Goal: _____
- Fund All Goals

Pension

Whose Pension: Client Spouse Description: _____

Income Begins: Client Retires Spouse Retires Receiving Now Year _____

Amount of Benefit *(estimate of pre-tax future value)*: \$ _____ Month Year

Will this Amount Inflate? No Yes, Base Inflation Rate Yes, Base Inflation Rate +/- _____%
(Note: Inflation will begin in the year payments start.)

Survivor Benefit: _____%

Assign – How to Use: (choose one)

- Earmark to One Goal: _____
 - Fund All Goals
-

Whose Pension: Client Spouse Description: _____

Income Begins: Client Retires Spouse Retires Receiving Now Year _____

Amount of Benefit *(estimate of pre-tax future value)*: \$ _____ Month Year

Will this Amount Inflate? No Yes, Base Inflation Rate Yes, Base Inflation Rate +/- _____%
(Note: Inflation will begin in the year payments start.)

Survivor Benefit: _____%

Assign – How to Use: (choose one)

- Earmark to One Goal: _____
- Fund All Goals

Retirement Income

Part-Time Employment

Whose Income: Client Spouse Description: _____

Income Begins: Client Retires Spouse Retires Receiving Now Year _____

Number of Years: _____

Income When Work Begins (*pre-tax, today's dollars*): \$ _____ Month Year

Will this Amount Inflate? No Yes, Base Inflation Rate Yes, Base Inflation Rate +/- _____%

Assign – How to Use: (choose one)

- Earmark to One Goal: _____
 Fund All Goals
-

Whose Income: Client Spouse Description: _____

Income Begins: Client Retires Spouse Retires Receiving Now Year _____

Number of Years: _____

Income When Work Begins (*pre-tax, today's dollars*): \$ _____ Month Year

Will this Amount Inflate? No Yes, Base Inflation Rate Yes, Base Inflation Rate +/- _____%

Assign – How to Use: (choose one)

- Earmark to One Goal: _____
 Fund All Goals
-

Annuity Income

Whose Annuity: Client Spouse Description: _____

Year annuity payments start: _____

Value at Annuitization: \$ _____ Cost Basis: \$ _____

Amount of annuity payments (*pre-tax, future value*): \$ _____ Month Year

Income Growth Rate: _____% Exclusion Ratio: _____%

Annuity Type (*Choose one option*)

Joint Life

Income Guaranty: Period Certain Lifetime Only Installment Refund Cash Refund

If Period Certain, enter years: _____

Income to Spouse _____%

Single Life

Income Guaranty: Period Certain Lifetime Only Installment Refund Cash Refund

If Period Certain, enter years: _____

Specific Period Enter years: _____

Assign – How to Use: (choose one)

- Earmark to One Goal: _____
 Fund All Goals
-

Retirement Income

Rental Property Income

Whose Income: Client Spouse Description: _____
Income Begins: Client Retires Spouse Retires Receiving Now Year _____
Income Ends: End of Client's Plan End of Spouse's Plan End of Plan Year _____
Amount of Net Rental Income (*pre-tax rental income less expenses*): \$ _____ Month Year
Will this Amount Inflate? No Yes, Base Inflation Rate Yes, Base Inflation Rate +/- _____ %
Assign – How to Use: (choose one)
 Earmark to One Goal: _____
 Fund All Goals

Other Retirement Income

Whose Income: Client Spouse Description: _____
Income Begins: Client Retires Spouse Retires Receiving Now Year _____
Income Ends: End of Client's Plan End of Spouse's Plan End of Plan Year _____
Amount of Income (*pre-tax, today's dollars*): \$ _____ Month Year
Is this income tax-free? No Yes
Will this Amount Inflate? No Yes, Base Inflation Rate Yes, Base Inflation Rate +/- _____ %
Assign – How to Use: (choose one)
 Earmark to One Goal: _____
 Fund All Goals

Whose Income: Client Spouse Description: _____
Income Begins: Client Retires Spouse Retires Receiving Now Year _____
Income Ends: End of Client's Plan End of Spouse's Plan End of Plan Year _____
Amount of Income (*pre-tax, today's dollars*): \$ _____ Month Year
Is this income tax-free? No Yes
Will this Amount Inflate? No Yes, Base Inflation Rate Yes, Base Inflation Rate +/- _____ %
Assign – How to Use: (choose one)
 Earmark to One Goal: _____
 Fund All Goals

Whose Income: Client Spouse Description: _____
Income Begins: Client Retires Spouse Retires Receiving Now Year _____
Income Ends: End of Client's Plan End of Spouse's Plan End of Plan Year _____
Amount of Income (*pre-tax, today's dollars*): \$ _____ Month Year
Is this income tax-free? No Yes
Will this Amount Inflate? No Yes, Base Inflation Rate Yes, Base Inflation Rate +/- _____ %
Assign – How to Use: (choose one)
 Earmark to One Goal: _____
 Fund All Goals

Investment Assets

Employer Sponsored Plans

Type of Plan: _____

Whose Plan: Client Spouse

Description: _____

Current Total Value: \$ _____

After Tax Value: \$ _____

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Assign – How to Use: (Check one)

- Earmark to One Goal: _____
- Earmark to Multiple Goals: _____
- Fund All Goals
- Leave to Estate
- Not Used in Plan

Income

Total Income from this employer: \$ _____

Will this Amount Inflate? No Yes, Base Inflation Rate Yes, Base Inflation Rate +/- _____%

Your contributions:

Pre-tax contributions: Enter % of annual income _____% or Assume Max Contribution Each Yr

After-tax contributions _____%

Year Contributions Begin: _____

Contributions End: Client Retires Spouse Retires Year _____

Employer Contributions

If your Employer matches your contributions, complete this section.

Employer will match this % of your contribution: _____%

Up until your contribution reaches this %: _____%

Then your employer will match this % of your contribution: _____%

Up until your total contribution reaches this %: _____%

Employer Contributions Limit

Maximum annual dollar limit : _____%

Some plans also have a maximum limit on the total dollars the employer will contribute in a year, regardless of the percentage limit above. If your plan has such a limit, enter the amount.

Additional Employer Contributions - Profit Sharing

If your employer makes contributions in addition to those above, enter them here.

Only enter those contributions you are confident you will actually receive.

Contribution as a % of income: _____%

Contributions as dollar amount: \$ _____ Grow annually by _____%

Contributions End: Client Retires Spouse Retires Year _____

Investment Assets

Employer Sponsored Plans

Type of Plan: _____

Whose Plan: Client Spouse

Description: _____

Current Total Value: \$ _____

After Tax Value: \$ _____

****NOTE: PLEASE PROVIDE US WITH COPIES OF ANY RECENT STATEMENTS FOR ANY ACCOUNTS WE DO NOT CURRENTLY HOLD AND YOU WOULD LIKE US TO REVIEW AND CONSIDER IN OUR ANALYSIS.**

Assign – How to Use: (Check one)

- Earmark to One Goal: _____
- Earmark to Multiple Goals: _____
- Fund All Goals
- Leave to Estate
- Not Used in Plan

Income

Total Income from this employer: \$ _____

Will this Amount Inflate? No Yes, Base Inflation Rate Yes, Base Inflation Rate +/- _____%

Your contributions:

Pre-tax contributions: Enter % of annual income _____% or Assume Max Contribution Each Yr

After-tax contributions _____%

Year Contributions Begin: _____

Contributions End: Client Retires Spouse Retires Year _____

Employer Contributions

If your Employer matches your contributions, complete this section.

Employer will match this % of your contribution: _____%

Up until your contribution reaches this %: _____%

Then your employer will match this % of your contribution: _____%

Up until your total contribution reaches this %: _____%

Employer Contributions Limit

Maximum annual dollar limit : _____%

Some plans also have a maximum limit on the total dollars the employer will contribute in a year, regardless of the percentage limit above. If your plan has such a limit, enter the amount.

Additional Employer Contributions - Profit Sharing

If your employer makes contributions in addition to those above, enter them here.

Only enter those contributions you are confident you will actually receive.

Contribution as a % of income: _____%

Contributions as dollar amount: \$ _____ Grow annually by _____%

Contributions End: Client Retires Spouse Retires Year _____

Investment Assets

Traditional IRA's

Who is the owner: Client Spouse

Description: _____

Current Value: \$ _____

After Tax Value: \$ _____

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Assign – How to Use: *(Check one)*

- Earmark to One Goal: _____
- Earmark to Multiple Goals: _____
- Fund All Goals
- Leave to Estate
- Not Used in Plan

Annual Additions: *(Check one)*

Pre-Tax: Additions: \$ _____ Inflation? No Yes

Maximum contribution each year

After-Tax: Additions: \$ _____

Maximum contribution each year

Year Additions Begin: _____

Year Additions End: Client Retires Spouse Retires Year _____

Who is the owner: Client Spouse

Description: _____

Ticker Symbol: _____

Current Value: \$ _____

After Tax Value: \$ _____

Assign – How to Use: *(Check one)*

- Earmark to One Goal: _____
- Earmark to Multiple Goals: _____
- Fund All Goals
- Leave to Estate
- Not Used in Plan

Annual Additions: *(Check one)*

Pre-Tax: Additions: \$ _____ Inflation? No Yes

Maximum contribution each year

After-Tax: Additions: \$ _____

Maximum contribution each year

Year Additions Begin: _____

Year Additions End: Client Retires Spouse Retires Year _____

Investment Assets

Roth IRA's

Who is the owner: Client Spouse

Description: _____

Current Value: \$ _____

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Assign – How to Use: *(Check one)*

- Earmark to One Goal: _____
- Earmark to Multiple Goals: _____
- Fund All Goals
- Leave to Estate
- Not Used in Plan

Annual Additions: *(Check one)*

Pre-Tax: Additions: \$ _____ Inflation? No Yes

Maximum contribution each year

After-Tax: Additions: \$ _____

Year Additions Begin: _____

Year Additions End: Client Retires Spouse Retires Year _____

Who is the owner: Client Spouse

Description: _____

Current Value: \$ _____

Assign – How to Use: *(Check one)*

- Earmark to One Goal: _____
- Earmark to Multiple Goals: _____
- Fund All Goals
- Leave to Estate
- Not Used in Plan

Annual Additions: *(Check one)*

Pre-Tax: Additions: \$ _____ Inflation? No Yes

Maximum contribution each year

After-Tax: Additions: \$ _____

Year Additions Begin: _____

Year Additions End: Client Retires Spouse Retires Year _____

Investment Assets

529 Savings Plan

Who is the owner: Client Spouse

Description: _____

Beneficiaries/Percentage

Estate _____%

Other - _____%

Spouse _____%

Other - _____%

Current Value: \$ _____

Is this asset subject to state taxes? No Yes

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Assign – How to Use: *(Check one)*

- Earmark to One Goal: _____
- Earmark to Multiple Goals: _____
- Fund All Goals
- Leave to Estate
- Not Used in Plan

Annual Additions: *(Check one)*

Additions: \$ _____ Inflation? No Yes

Year Additions Begin: _____

Year Additions End: Client Retires Spouse Retires Year _____

Who is the owner: Client Spouse

Description: _____

Beneficiaries/Percentage

Estate _____%

Other - _____%

Spouse _____%

Other - _____%

Current Value: \$ _____

Is this asset subject to state taxes? No Yes

Assign – How to Use: *(Check one)*

- Earmark to One Goal: _____
- Earmark to Multiple Goals: _____
- Fund All Goals
- Leave to Estate
- Not Used in Plan

Annual Additions: *(Check one)*

Additions: \$ _____ Inflation? No Yes

Year Additions Begin: _____

Year Additions End: Client Retires Spouse Retires Year _____

Investment Assets

Annuities

Who is the owner: Client Spouse

Description: _____

Current Value: \$ _____

Cost Basis: \$ _____

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Assign – How to Use: (Check one)

- Earmark to One Goal: _____
- Earmark to Multiple Goals: _____
- Fund All Goals
- Leave to Estate
- Not Used in Plan

Annual Additions: (Check one)

Additions: \$ _____ Inflation? No Yes

Year Additions Begin: _____

Year Additions End: Client Retires Spouse Retires Year _____

Who is the owner: Client Spouse

Description: _____

Current Value: \$ _____

Cost Basis: \$ _____

Assign – How to Use: (Check one)

- Earmark to One Goal: _____
- Earmark to Multiple Goals: _____
- Fund All Goals
- Leave to Estate
- Not Used in Plan

Annual Additions: (Check one)

Additions: \$ _____ Inflation? No Yes

Year Additions Begin: _____

Year Additions End: Client Retires Spouse Retires Year _____

Investment Assets

Taxable Investment Accounts

Who is the owner: Client Spouse Joint Custodial
If Joint, what kind? Survivorship Common Entirety Community Property
 Other w/ Client Other w/ Spouse

Description: _____ Ticker Symbol: _____

Current Value: \$ _____ Cost Basis: \$ _____

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Assign – How to Use: *(Check one)*

- Earmark to One Goal: _____
- Earmark to Multiple Goals: _____
- Fund All Goals
- Leave to Estate
- Not Used in Plan

Annual Additions: *(Check one)*

Additions: \$ _____ Inflation? No Yes

Year Additions Begin: _____

Year Additions End: Client Retires Spouse Retires Year _____

Who is the owner: Client Spouse Joint Custodial
If Joint, what kind? Survivorship Common Entirety Community Property
 Other w/ Client Other w/ Spouse

Description: _____ Ticker Symbol: _____

Current Value: \$ _____ Cost Basis: \$ _____

Assign – How to Use: *(Check one)*

- Earmark to One Goal: _____
- Earmark to Multiple Goals: _____
- Fund All Goals
- Leave to Estate
- Not Used in Plan

Annual Additions: *(Check one)*

Additions: \$ _____ Inflation? No Yes

Year Additions Begin: _____

Year Additions End: Client Retires Spouse Retires Year _____

Other Assets

Stock Options Plan

Who is the owner: Client Spouse

Stock Name: _____

Asset Class: *(Check one)*

- Large Cap Value Large Cap Growth Small Cap
 International Developed International Emerging

Market Price: \$ _____

Last Update: _____

Do all Options Vest at Death? No Yes

Vesting Schedule

Name	% Vested by Year									
	1	2	3	4	5	6	7	8	9	10

Stock Options Grant

Grant Date: _____

Grant Name: _____

Type: ISO NQO

Options Granted: _____

Options Already Exercised: _____

Expiration Date: _____

Grant Price: _____

Select Vesting Schedule: _____

Stock Options Grant

Grant Date: _____

Grant Name: _____

Type: ISO NQO

Options Granted: _____

Options Already Exercised: _____

Expiration Date: _____

Grant Price: _____

Select Vesting Schedule: _____

Stock Options Grant

Grant Date: _____

Grant Name: _____

Type: ISO NQO

Options Granted: _____

Options Already Exercised: _____

Expiration Date: _____

Grant Price: _____

Select Vesting Schedule: _____

Stock Options Grant

Grant Date: _____

Grant Name: _____

Type: ISO NQO

Options Granted: _____

Options Already Exercised: _____

Expiration Date: _____

Grant Price: _____

Select Vesting Schedule: _____

Other Assets

Restricted Stock Plan

Who is the owner: Client Spouse

Ticker: _____

Stock Name: _____

Asset Class: *(Check one)*

Large Cap Value Large Cap Growth Small Cap

International Developed International Emerging

Market Price: \$ _____

Last Update: _____

Do all Shares Vest at Death? No Yes

Vesting Schedule

Name	% Vested by Year									
	1	2	3	4	5	6	7	8	9	10

Restricted Stock Grant

Grant Date: _____

Grant Name: _____

Shares Granted: _____

Select Vesting Schedule: _____

Restricted Stock Grant

Grant Date: _____

Grant Name: _____

Shares Granted: _____

Select Vesting Schedule: _____

Restricted Stock Grant

Grant Date: _____

Grant Name: _____

Shares Granted: _____

Select Vesting Schedule: _____

Restricted Stock Grant

Grant Date: _____

Grant Name: _____

Shares Granted: _____

Select Vesting Schedule: _____

Restricted Stock Grant

Grant Date: _____

Grant Name: _____

Shares Granted: _____

Select Vesting Schedule: _____

Restricted Stock Grant

Grant Date: _____

Grant Name: _____

Shares Granted: _____

Select Vesting Schedule: _____

Other Assets

Personal and Business Assets

(Homes, Vehicles, Personal Property, Business Assets, Real Estate, etc.)

Owner: Client Spouse Joint Custodial

If Joint, what kind? Survivorship Common Entirety Community Property
 Other w/ Client Other w/ Spouse

Description: _____ Current Value: \$ _____

Will the value of this asset increase each year? _____%

Do you intend to sell this asset to help fund your Goals? No Yes *(If Yes, complete the remaining items)*

Year to Sell _____ Future Value *(after-tax)* \$ _____

Assign – How to Use: *(Check one)*

- Earmark to One Goal: _____
 - Earmark to Multiple Goals: _____
 - Fund All Goals
 - Leave to Estate
 - Not Used in Plan
-

Owner: Client Spouse Joint Custodial

If Joint, what kind? Survivorship Common Entirety Community Property
 Other w/ Client Other w/ Spouse

Description: _____ Current Value: \$ _____

Will the value of this asset increase each year? _____%

Do you intend to sell this asset to help fund your Goals? No Yes *(If Yes, complete the remaining items)*

Year to Sell _____ Future Value *(after-tax)* \$ _____

Assign – How to Use: *(Check one)*

- Earmark to One Goal: _____
 - Earmark to Multiple Goals: _____
 - Fund All Goals
 - Leave to Estate
 - Not Used in Plan
-

Owner: Client Spouse Joint Custodial

If Joint, what kind? Survivorship Common Entirety Community Property
 Other w/ Client Other w/ Spouse

Description: _____ Current Value: \$ _____

Will the value of this asset increase each year? _____%

Do you intend to sell this asset to help fund your Goals? No Yes *(If Yes, complete the remaining items)*

Year to Sell _____ Future Value *(after-tax)* \$ _____

Assign – How to Use: *(Check one)*

- Earmark to One Goal: _____
- Earmark to Multiple Goals: _____
- Fund All Goals
- Leave to Estate
- Not Used in Plan

Other Assets

Pension - Lump Sum Distribution

Owner: Client Spouse

Description: _____

Current Value: \$ _____

Year of Distribution: _____

Value of Distribution \$ _____

Value is: (Check one) Pre-tax After-tax

Assign – How to Use: (Check one)

Earmark to One Goal: _____

Earmark to Multiple Goals: _____

Fund All Goals

Leave to Estate

Not Used in Plan

Deferred Compensation (Receiving Now)

Owner: Client Spouse

Description: _____

Current Value (today's dollars): \$ _____

Distribution Period

Number of Years: _____

Annual Payment (pre-tax) \$ _____

Assign – How to Use: (Check one)

Earmark to One Goal: _____

Earmark to Multiple Goals: _____

Fund All Goals

Leave to Estate

Not Used in Plan

Owner: Client Spouse

Description: _____

Current Value (today's dollars): \$ _____

Distribution Period

Number of Years: _____

Annual Payment (pre-tax) \$ _____

Assign – How to Use: (Check one)

Earmark to One Goal: _____

Earmark to Multiple Goals: _____

Fund All Goals

Leave to Estate

Not Used in Plan

Deferred Compensation (Future)

Owner: Client Spouse

Description: _____

Current Value (today's dollars): \$ _____

Contributions

Amount – Select Method

None

Percentage of Income Annual Income: \$ _____ Grow Annually by: _____ %
% Contribution: _____

Dollar Amount \$ _____ Grow Annually by: _____ %

Period _____

Other Assets

Start Year: _____

Year Additions End: Client Retires Spouse Retires Year _____

Value at Start of Distribution

Rate of Return during Accumulation: _____%

Year Distributions Begin: Client Retires Spouse Retires Year _____

Distribution Period

Number of Years: _____

Annual Payment (*pre-tax*) \$ _____

Annual Distribution

Rate of Return during Distribution: _____%

Assign – How to Use: (*Check one*)

- Earmark to One Goal: _____
- Earmark to Multiple Goals: _____
- Fund All Goals
- Leave to Estate
- Not Used in Plan

Future Assets *Cash (Inheritance, Gift, Settlement, etc.)*

Owner: Client Spouse Joint

If Joint, what kind? Survivorship Common Entirety Community Property

Other w/ Client Other w/ Spouse

Description: _____

Year to Receive: _____

Future Value (*after tax*) \$ _____

Assign – How to Use: (*Check one*)

- Earmark to One Goal: _____
- Earmark to Multiple Goals: _____
- Fund All Goals
- Leave to Estate
- Not Used in Plan

Owner: Client Spouse Joint

If Joint, what kind? Survivorship Common Entirety Community Property

Other w/ Client Other w/ Spouse

Description: _____

Year to Receive: _____

Future Value (*after tax*) \$ _____

Assign – How to Use: (*Check one*)

- Earmark to One Goal: _____
- Earmark to Multiple Goals: _____
- Fund All Goals
- Leave to Estate
- Not Used in Plan

Insurance Policies

Cash Value Life Policies

Investment Asset (Variable Life)

Owner: Client Spouse Other Insured: Client Spouse 1st to Die 2nd to Die
Name or Description: _____

Beneficiaries & Death Benefit

Estate ___% Other - _____ ___% Other - _____ ___%
Spouse ___% Other - _____ ___% Other - _____ ___%

Current Value: \$ _____ Cost Basis: \$ _____

Insurance Amount: \$ _____

Assign – How to Use: *(Check one)*

- Earmark to One Goal: _____
- Earmark to Multiple Goals: _____
- Fund All Goals
- Leave to Estate
- Not Used in Plan

Annual Additions: *(Check one)*

Pre-Tax: Additions: \$ _____ Inflate? No Yes
 Maximum contribution each year

After-Tax: Additions: \$ _____

Year Additions Begin: _____

Year Additions End: Client Retires Spouse Retires Year _____

Other Insurance Policy (Universal/Variable/Whole Life/Other Life)

Owner: Client Spouse Insured: Client Spouse 1st to Die 2nd to Die
Description: _____ Current Cash Value: \$ _____ *(before tax - today's dollars)*

Average Annual Growth Rate: _____ *(excluding cost of insurance)*

Beneficiaries/Percentage

Estate ___% Other - _____ ___% Other - _____ ___%
Spouse ___% Other - _____ ___% Other - _____ ___%

Death Benefit Amount: _____ Premium Amount: \$ _____ every _____

How long will premiums be paid?

Until insured dies Until policy terminates For this Number of Years _____

When will this policy terminate?

When insured dies Year _____

Do you intend to sell this asset to help fund your Goals? No Yes *(If Yes, complete the remaining items)*

Year of Withdrawal: _____

Amount of Withdrawal: \$ _____ *(Before tax – future dollars)* Tax-free withdrawal: \$ _____

Assign – How to Use: *(Check one)*

- Earmark to One Goal: _____
- Earmark to Multiple Goals: _____
- Fund All Goals
- Leave to Estate
- Not Used in Plan

Insurance Policies

Non-Cash Value Life Policies – All Owners

Non-Cash Value Life (Term Life)

Owner: Client Spouse Irrevocable Trust Other Person or Entity

Insured: Client Spouse 1st to Die 2nd to Die

Description/Company: _____

Beneficiaries/Percentage

Estate ___% Other - _____ % Other - _____ %

Spouse ___% Other - _____ % Other - _____ %

Death Benefit Amount: _____ Premium Amount: \$ _____ every _____

How long will premiums be paid?

Until insured dies Until policy terminates For this Number of Years _____

When will this policy terminate?

When insured dies Year _____

If ownership is of this policy was transferred, enter the year of transfer: _____

Select the original owner of the policy: Client Spouse

Non-Cash Value Life (Group Term/Other)

Owner: Client Spouse Irrevocable Trust Other Person or Entity

Insured: Client Spouse

Description/Company: _____

Beneficiaries/Percentage

Estate ___% Other - _____ % Other - _____ %

Spouse ___% Other - _____ % Other - _____ %

Death Benefit Amount: _____

When will this policy terminate?

When insured dies Year _____

If ownership is of this policy was transferred, enter the year of transfer: _____

Select the original owner of the policy: Client Spouse

Insurance Policies

Non-Cash Value Life Policies – All Owners

Non-Cash Value Life (Group Term/Other)

Owner: Client Spouse Irrevocable Trust Other Person or Entity

Insured: Client Spouse

Description/Company: _____

Beneficiaries/Percentage

Estate ___% Other - _____ % Other - _____ %
Spouse ___% Other - _____ % Other - _____ %

Death Benefit Amount: _____

When will this policy terminate?

When insured dies Year _____

If ownership is of this policy was transferred, enter the year of transfer: _____

Select the original owner of the policy: Client Spouse

Other Insurance Policies

Disability (Group/Personal/Other)

Insured: Client Spouse

Description/Co: _____

Premium Amount: \$_____ every _____

Tax Status: Pre-Tax After-Tax

Monthly Benefit Amount: \$_____

Elimination Period: _____ Months Years

Benefit Period (select one)

Period of Time _____ per _____

Until this Age _____

Inflation Option: (Check One) None Simple Compounded

If you selected Simple or Compounded, enter rate: _____%

Insured: Client Spouse

Description/Co: _____

Premium Amount: \$_____ every _____

Tax Status: Pre-Tax After-Tax

Monthly Benefit Amount: \$_____

Elimination Period: _____ Months Years

Benefit Period (select one)

Period of Time _____ per _____

Until this Age _____

Inflation Option: (Check One) None Simple Compounded

If you selected Simple or Compounded, enter rate: _____%

Insurance Policies

Other Insurance Policies

Long Term Care (Home Care Only/Nursing Home Care/Other)

Insured: _____ Description/Co: _____
Premium Amount: \$ _____ per Month Quarter Six Months Year
Benefit Period: (Check # of years or Lifetime) 1 2 3 4 5 6 7 8 9 10 Lifetime
Daily Benefit Amount: \$ _____ Elimination Period: _____ days
Inflation Option: (Check One) None Simple Compounded
If you selected Simple or Compounded, enter rate: _____ %

Insured: _____ Description/Co: _____
Premium Amount: \$ _____ per Month Quarter Six Months Year
Benefit Period: (Check # of years or Lifetime) 1 2 3 4 5 6 7 8 9 10 Lifetime
Daily Benefit Amount: \$ _____ Elimination Period: _____ days
Inflation Option: (Check One) None Simple Compounded
If you selected Simple or Compounded, enter rate: _____ %

Medicare Supplement Insurance Policies

Insured: _____ Description/Co: _____
Type: (Check one) A B C D E F G H I J Other
Premium Amount: \$ _____ per Month Quarter Six Months Year

Insured: _____ Description/Co: _____
Type: (Check one) A B C D E F G H I J Other
Premium Amount: \$ _____ per Month Quarter Six Months Year

Property & Casualty Insurance Policies (Auto, Homeowners, Umbrella/Other)

Description/Co: _____ Policy Expiration Date: _____
Premium Amount: \$ _____ per Month Quarter Six Months Year

Description/Co: _____ Policy Expiration Date: _____
Premium Amount: \$ _____ per Month Quarter Six Months Year

Description/Co: _____ Policy Expiration Date: _____
Premium Amount: \$ _____ per Month Quarter Six Months Year

Description/Co: _____ Policy Expiration Date: _____
Premium Amount: \$ _____ per Month Quarter Six Months Year

Description/Co: _____ Policy Expiration Date: _____
Premium Amount: \$ _____ per Month Quarter Six Months Year

Description/Co: _____ Policy Expiration Date: _____
Premium Amount: \$ _____ per Month Quarter Six Months Year

Liabilities

Liabilities

(Home & Land Loans, Vehicle Loans, Business Loans, Other Personal Debt)

Description: _____

Whose debt? Client Spouse Joint

If Joint, what kind? Survivorship Common Entirety Community Property
 Other w/ Client Other w/ Spouse

Lender: _____ Outstanding balance: \$ _____

Initial Loan Amount: \$ _____ Date Loan Began: _____ Term: _____

Interest Rate: _____ Monthly Payment: \$ _____ OR Date to Pay Full Balance: _____

Description: _____

Whose debt? Client Spouse Joint

If Joint, what kind? Survivorship Common Entirety Community Property
 Other w/ Client Other w/ Spouse

Lender: _____ Outstanding balance: \$ _____

Initial Loan Amount: \$ _____ Date Loan Began: _____ Term: _____

Interest Rate: _____ Monthly Payment: \$ _____ OR Date to Pay Full Balance: _____

Description: _____

Whose debt? Client Spouse Joint

If Joint, what kind? Survivorship Common Entirety Community Property
 Other w/ Client Other w/ Spouse

Lender: _____ Outstanding balance: \$ _____

Initial Loan Amount: \$ _____ Date Loan Began: _____ Term: _____

Interest Rate: _____ Monthly Payment: \$ _____ OR Date to Pay Full Balance: _____

Description: _____

Whose debt? Client Spouse Joint

If Joint, what kind? Survivorship Common Entirety Community Property
 Other w/ Client Other w/ Spouse

Lender: _____ Outstanding balance: \$ _____

Initial Loan Amount: \$ _____ Date Loan Began: _____ Term: _____

Interest Rate: _____ Monthly Payment: \$ _____ OR Date to Pay Full Balance: _____

Description: _____

Whose debt? Client Spouse Joint

If Joint, what kind? Survivorship Common Entirety Community Property
 Other w/ Client Other w/ Spouse

Lender: _____ Outstanding balance: \$ _____

Initial Loan Amount: \$ _____ Date Loan Began: _____ Term: _____

Interest Rate: _____ Monthly Payment: \$ _____ OR Date to Pay Full Balance: _____

Estate Analysis

Estate Documents

	Client	Spouse
Will	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Includes Bypass Trust	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Date Last Reviewed	_____	
Medical Directive	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Power of Attorney	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes

Document Check List

Personal and Family Expenses

Category	Monthly Budget Amount	
	Current	Alt 1 / Retirement
Alimony		
Bank Charges		
Books/Magazine		
Business Expense		
Care for Parent/Other		
Cash - Miscellaneous		
Cell Phone		
Charitable Donations		
Child Activities		
Child Allowance/Expense		
Child Care		
Child Support		
Child Tutor		
Clothing - Client		
Clothing - Spouse		
Clothing - Children		
Club Dues		
Credit Card Debt Payment		
Dining		
Education		
Entertainment		
Gifts		
Groceries		
Healthcare - Dental		
Healthcare - Medical		
Healthcare - Prescription		
Healthcare - Vision		
Hobbies		
Household Items		
Laundry/Dry Cleaning		
Personal Care		
Personal Loan Payment		
Pet Care		
Public Transportation		
Recreation		
Self Improvement		
Student Loan Payment		
Vacation/Travel		
Other		

Personal Insurance Expenses

Category	Monthly Budget Amount	
	Current	Alt 1 / Retirement
Disability for Client		
Disability for Spouse		
Life for Client		
Life for Spouse		
LTC for Client		
LTC for Spouse		
Medical for Client		
Medical for Spouse		
Umbrella Liability		
Other		

Taxes

Category	Monthly Budget Amount	
	Current	Alt 1 / Retirement
Client FICA		
Client Medicare		
Spouse FICA		
Spouse Medicare		
Federal Income		
State Income		
Local Income		
Other		

Income

Category	Monthly Budget Amount	
	Current	Alt 1 / Retirement
Employment		
Other		

Document Check List

Home Expenses

Description: _____

Category	Monthly Budget Amount	
	Current	Alt 1 / Retirement
First Mortgage		
Second Mortgage		
Equity Line		
Real Estate Tax		
Rent		
Homeowner's Insurance		
Association Fees		
Electricity		
Gas/Oil		
Trash Pickup		
Water/Sewer		
Cable/Satellite TV		
Internet		
Telephone (land line)		
Lawn Care		
Maintenance - Major Repair		
Maintenance - Regular		
Furniture		
Household Help		
Other		

Vehicle Expenses

Description: _____

Category	Monthly Budget Amount	
	Current	Alt 1 / Retirement
Loan Payment		
Lease Payment		
Insurance		
Personal Property Tax		
Fuel		
Repairs/Maintenance		
Parking/Tolls		
Docking/Storage		
Other		

Vehicle Expenses

Description: _____

Category	Monthly Budget Amount	
	Current	Alt 1 / Retirement
Loan Payment		
Lease Payment		
Insurance		
Personal Property Tax		
Fuel		
Repairs/Maintenance		
Parking/Tolls		
Docking/Storage		
Other		