

Basic Information Sheet

You:

Name: _____
Address: _____

Telephone: _____
E-mail: _____
Date of Birth: _____

Your Spouse:

Date of marriage: _____

Preuptial/postnuptial agreement? Y N

Former marriages? Y N
If yes, date marriage ended: _____
Continuing child support: _____

Former marriages? Y N
Duration: _____
Duration: _____

Children:

Names:	Date of birth:	Comments, i.e. status, health:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Other Persons for Whom You Provide Support:

Names	Relationship:	Age:	Annual Support:
_____	_____	_____	_____
_____	_____	_____	_____

Financial Goals/Objectives of:

You

Your Spouse

_____	_____
_____	_____
_____	_____
_____	_____

Attorney Information & Other Professionals:

You:

Your Spouse:

Attorney: _____	_____
Phone: _____	_____

Other Professionals:

Financial Advisor:	
Name: _____	_____
Phone: _____	_____
Other: _____	_____
Phone: _____	_____

Income Information Sheet

For: _____

Job title or occupation: _____

Employer's name: _____

Pay status: Salaried
 Hourly; Hourly rate: _____ Avg. Hrs. Worked per Week: _____
 Commission/Bonus

Three most recent years:

Year:	Amount:
_____	_____
_____	_____
_____	_____

Gross wages per pay period ⁽¹⁾ _____ weekly/biweekly/semimonthly/monthly

Other sources of income (taxable and/or nontaxable) ⁽²⁾

Source:	Amount:
_____	_____
_____	_____
_____	_____

Benefits: (please enclose a copy of your employer's benefits booklet)

Health insurance
 Retirement plan:
 Pension (need Summary Plan Description)
 401(k)/403(b)/Simple
 Other
 Stock options
 Deferred Compensation

Work History:

Occupation: _____

Education Level/Degree(s)/Certifications: _____

Current Employer: _____
No. of years: _____

Previous Employer: _____
No. of years: _____

Previous Employer: _____
No. of years: _____

- 1) For self-employed individuals, use the most current calendar year information and supply copy of financial statement
- 2) Examples include:
 Dividends, interest, rental income, royalties, annuities, pensions, retirement plan distributions, child support, social security

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Property and Debts

Include all property and debts that you have knowledge of, including those items that were obtained prior to marriage, by gift, or by inheritance. Please note items received prior to marriage, by gift or by inheritance with a notation next to the item. **Please provide the most current statement for the items listed.**

Cash: Includes checking, savings, money market, health savings account

<u>Description:</u>	<u>Account No.:</u>	<u>Value:</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

CD's:

<u>Description:</u>	<u>Account No.:</u>	<u>Value:</u>
_____	_____	_____
_____	_____	_____

Annuities: Those held outside retirement plans

<u>Description:</u>	<u>Cost/Amount Paid.:</u>	<u>Value:</u>
_____	_____	_____
_____	_____	_____

Investments: Includes stocks, bonds, mutual funds, limited partnerships

<u>Description:</u>	<u>Cost/Amount Paid:</u>	<u>Value:</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Real estate: Includes residence, vacation home, land, rental, etc.

Marital Residence:

Currently husband/wife/both reside in marital residence

Husband/wife/neither intend to live in the marital residence in the future

Fair market value: _____ Mortgage Balance: _____

Purchase price: _____ Years remaining: _____

Basis in home: _____ Monthly payment (P&I): _____

Interest rate: _____

Other:

<u>Description:</u>	<u>Cost/Amount Paid:</u>	<u>Value:</u>	<u>Yr. Acq.</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SMD Tax & Divorce Financial Planning Consultants, Inc.

400 S. Fifth Street, Suite 103, Columbus, OH 43215

T: 614-429-4172 F: 614-221-7590

Email: susan@smdtaxanddivorce.com !

Life Insurance Policies:

<u>Description:</u>	<u>Death Benefit:</u>	<u>Cash Value:</u>	<u>Insured:</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Closely Held Business Interests: Includes ownership in S Corporation, Partnership, LLC, etc. Please provide copies of K-1s, if applicable.

<u>Description:</u>	<u>Ownership %:</u>	<u>Value:</u>	<u>Investment:</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

IRA'S: Indicate "R" for Roth next to description

<u>Description:</u>	<u>Owner:</u>	<u>Value:</u>	<u>Basis:</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Retirement Plans: Includes 401(k), Thrift Savings, 403(b), Sec. 457 Plans, SIMPLE

<u>Description:</u>	<u>Owner:</u>	<u>Value:</u>	<u>Basis:</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Pension Plans: Includes all defined benefit plans including government pensions

<u>Description:</u>	<u>Owner:</u>	<u>Monthly Benefit:</u>	<u>Basis:</u>
_____	_____	_____	_____
_____	_____	_____	_____

Vehicles:

<u>Description:</u>	<u>Owner:</u>	<u>Value:</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Other:

<u>Description:</u>	<u>Owner:</u>	<u>Value:</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Debts:

Mortgage, 2nd mortgage, lines of credit:

<u>Description:</u>	<u>Balance:</u>	<u>Monthly Pymt:</u>	<u>Number of Pymts Left:</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Credit cards and other loans:

<u>Description:</u>	<u>Balance:</u>	<u>Monthly Pymt:</u>	<u>Number of Pymts Left:</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Trusts:

Have you created grants, insurance, testamentary, generation-skipping, or other trusts? Y N
If yes:

Type: _____
Trustee: _____
Beneficiaries: _____

Has spouse created grantor, insurance, testamentary, generation-skipping or other trusts? Y N

Type: _____
Trustee: _____
Beneficiaries: _____

Trust Beneficiary:

Are you or any member of your immediate family a beneficiary of a trust? Y N
If yes:

Who: _____ Amount expected: _____

Stock Options:

Please describe any unexercised stock options. Attach a current report of your balances and copies of award agreements, if possible.

Qualified: _____

Nonqualified: _____

Restricted Stock Awards:

Attach a current report of your balances and copies of award agreements, if possible.

Non-qualified Deferred Compensation Plans:

Attach current report of elections made at time of deferral.

Child-Related Assets and Liabilities:

Please provide information and documentation regarding assets and liabilities of your children such as those noted below.

Custodianships:

Have you or your spouse ever made a gift under the Uniform Gifts (or Uniform Transfers) to Minors Act? Y N

If yes:

State: _____

Custodian: _____

Donees: _____

Gifts or Inheritances:

Do you, your spouse, or your children expect to receive gifts or inheritances? Y N

If yes:

Who: _____ Amount expected: _____

From who: _____ When: _____

Monthly Expenses

For: _____

	<u>Current Monthly Expense</u>	<u>Anticipated Future Monthly Expense</u>
Housing:		
Mortgage/Rent (P& I only)	_____	_____
Home equity loan (minimum payment)	_____	_____
Improvements	_____	_____
Furniture/Appliances	_____	_____
Real estate taxes (incl. escrowed amt.)	_____	_____
Home owner's insurance	_____	_____
Yard care & Landscape maintenance	_____	_____
Housecleaning	_____	_____
Snow removal	_____	_____
Exterminator	_____	_____
General home repairs/Maintenance	_____	_____
Other: _____	_____	_____
Other: _____	_____	_____
Utilities:		
Heat (Gas & Oil)	_____	_____
Electricity	_____	_____
Water, sewage, garbage	_____	_____
Telephone	_____	_____
Cable/Satellite	_____	_____
Cell phone/Pager	_____	_____
Internet	_____	_____
Security System	_____	_____
Other: _____	_____	_____
Other: _____	_____	_____
Food & Supplies:		
Food for ____ persons	_____	_____
Household supplies (soaps, paper, etc.)	_____	_____
Meals eaten out	_____	_____
Other: _____	_____	_____
Transportation:		
Vehicle Payments/Lease	_____	_____
Vehicle insurance	_____	_____
License/Tags	_____	_____
Vehicle gas	_____	_____
Oil Maintenance	_____	_____
Parking	_____	_____
Auto club	_____	_____
Other: _____	_____	_____

Health care (excludes children):

Health insurance _____
Dental insurance _____
Uninsured physician fees _____
Uninsured dental/orthodontist/etc. _____
Prescription drugs _____
Glasses, contacts _____
Disability insurance _____
Long term care insurance _____
Other: _____

Personal expenses (excludes children):

Clothing _____
Beauty salon/Barber/Nails _____
Nonprescription drugs _____
Toiletries _____
Dry cleaners _____
Other: _____

Entertainment/Recreation (excludes children):

Memberships & clubs _____
Vacations/travel _____
Classes/Lessons/Education _____
Books, newspapers, magazines _____
Movies & theatre _____
Videos/CDs/DVDs _____
Hobbies _____
Entertainment (dining not included above) _____
Other: _____

Miscellaneous:

Gifts/Holiday Expenses _____
Pet care/Vet _____
Donations _____
Life insurance _____
Other insurance (boat, umbrella, etc.) _____
General savings _____
Retirement savings _____
Professional services (tax prep, legal) _____
Cash _____
Miscellaneous _____
Other: _____
Spousal support (prior obligation) _____
Child support (prior obligation) _____

Other: _____
Other: _____
Other: _____
Other: _____
Other: _____

Common Child-Related Expenses

Child's Name

Date of Birth

1) _____	_____
2) _____	_____
3) _____	_____

Child's name:	1) _____	2) _____	3) _____
Day-care/baby sitting	_____	_____	_____
Clothing	_____	_____	_____
Tuition/Education	_____	_____	_____
School lunches	_____	_____	_____
School Activities/Trips	_____	_____	_____
Allowances	_____	_____	_____
Summer camps	_____	_____	_____
Sports Team/Leagues	_____	_____	_____
Club dues	_____	_____	_____
Personal care/Hair cuts	_____	_____	_____
Physician Fees	_____	_____	_____
Dental/Orthodontics	_____	_____	_____
Optometry/Glasses	_____	_____	_____
Prescriptions	_____	_____	_____
Counseling	_____	_____	_____
Other: _____	_____	_____	_____
Other: _____	_____	_____	_____
Other: _____	_____	_____	_____

(COMPLETE ONLY IF SPOUSE'S BUDGET IS KNOWN)

Monthly Expenses

For: _____

	<u>Current Monthly Expense</u>	<u>Anticipated Future Monthly Expense</u>
Housing:		
Mortgage/Rent (P& I only)	_____	_____
Home equity loan (minimum payment)	_____	_____
Improvements	_____	_____
Furniture/Appliances	_____	_____
Real estate taxes (incl. escrowed amt.)	_____	_____
Home owner's insurance	_____	_____
Yard care & Landscape maintenance	_____	_____
Housecleaning	_____	_____
Snow removal	_____	_____
Exterminator	_____	_____
General home repairs/Maintenance	_____	_____
Other: _____	_____	_____
Other: _____	_____	_____
Utilities:		
Heat (Gas & Oil)	_____	_____
Electricity	_____	_____
Water, sewage, garbage	_____	_____
Telephone	_____	_____
Cable/Satellite	_____	_____
Cell phone/Pager	_____	_____
Internet	_____	_____
Security System	_____	_____
Other: _____	_____	_____
Other: _____	_____	_____
Food & Supplies:		
Food for ____ persons	_____	_____
Household supplies (soaps, paper, etc.)	_____	_____
Meals eaten out	_____	_____
Other: _____	_____	_____
Transportation:		
Vehicle Payments/Lease	_____	_____
Vehicle insurance	_____	_____
License/Tags	_____	_____
Vehicle gas	_____	_____
Oil Maintenance	_____	_____
Parking	_____	_____
Auto club	_____	_____
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General savings _____
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Cash _____
Miscellaneous _____
Other: _____
Spousal support (prior obligation) _____
Child support (prior obligation) _____

Other: _____
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Other: _____
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Other: _____