

**Our business specializes in financial coaching
of individuals and businesses
with complicated financial needs.**

Michael B. Allmon & Associates, LLP
Certified Public Accountants
1230 Rosecrans Avenue, Suite 102
Manhattan Beach, California 90266
Office Phone (310) 536-0200
Office FAX (310) 536-0123
mbacpas@mbacpas.com

Michael B. Allmon & Associates, LLP
Certified Public Accountants
Financial Questionnaire

GENERAL INSTRUCTIONS

This questionnaire is used to review your financial status. Please include all financial data rounded as appropriate. Before you begin, you should have last year's tax data available, as well as your current records concerning your checking, savings, and investment accounts, and loans credit cards, etc. Our analysis can only be as accurate as the information which you provide.

If you have additional information (such as details of amounts shown as totals on the questionnaire), please attach a copy. Further, if your personal financial information is computerized, you can substitute relevant reports for requested information.

Finally, we will need to obtain a copy of last year's tax returns (if we did not prepare them), a copy of your most recent estate plans (wills and/or trusts), recent loan applications and any business valuations that you might have on closely held businesses (if any). If you have an interest in a closely held business, please provide the most recent financial statements for the business(es).

FAMILY INFORMATION

Your Name: _____ Job Title: _____

Birth Date: _____ Employer: _____

Social Security #: _____ Employer Address: _____

Home Address: _____ Work Phone: _____

_____ Home Phone: _____

Spouse's Name: _____ Job Title: _____

Birth Date: _____ Employer: _____

Social Security #: _____ Employer Address: _____

Work Phone: _____

CHILDREN

Name	Birth Date	SSN
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

OTHERS DEPENDENT ON YOU

Name	Relationship	Age	Amount of Annual Support
_____	_____	_____	_____
_____	_____	_____	_____

FAMILY INFORMATION (continued)

GRANDCHILDREN

Name	Birth Date	SSN
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

FAMILY TRUSTS

Name	Federal I.D. Number (if any)
_____	_____
_____	_____
_____	_____

NET WORTH – ASSETS
 As of : _____ (date)

Use this section of the questionnaire to record what you own. Enter the current value of the asset groups, and the owner code (C = Community Property; J = Joint Tenancy; Y = You; S = Spouse). Please use additional sheets of paper if necessary.

	Current Value	Owner Code
Liquid Assets		
Cash (Checking, Savings Accounts)	_____	_____
Short-Term Investments (T-Bills, C.D.s, etc.)	_____	_____
Cash Value of Life Insurance	_____	_____
Investment Assets		
Receivables	_____	_____
Marketable Securities (Stocks & Bonds)	_____	_____
Real Estate (Investment)	_____	_____
Retirement Funds (IRA, Keoghs, Pension Plans)	_____	_____
Other Investment Assets	_____	_____
Personal Assets		
Residence	_____	_____
Furnishings	_____	_____
Vehicles	_____	_____
Other Personal Assets (Art, Boats, Antiques, etc.)	_____	_____

NET WORTH – LIABILITIES

Use this section of the questionnaire to record what you owe. Enter how much you owe for each liability group, the interest rate you are paying, and the owner code (from the previous page)

	Current Balance	Interest Rate	Owner Code
Short-Term Obligations			
Consumer Credit (Credit Cards, etc.)	_____	_____	_____
Life Insurance Loans	_____	_____	_____
Installment Loans	_____	_____	_____
Personal Loans	_____	_____	_____
Accrued Income Taxes	_____	_____	_____
Other Short-Term Debt	_____	_____	_____
Long-Term Obligations			
Loans to Purchase Investment Assets	_____	_____	_____
Loans to Purchase Personal Assets	_____	_____	_____
Mortgages on your Home	_____	_____	_____

INCOME

Use this section to record your current annual income. All items of income, whether taxable or not, should be entered here.

	You	Spouse
Employment Income		
Salary	_____	_____
Net Self-Employment	_____	_____
Other	_____	_____
Investment Income		
Interest- Taxable	_____	_____
Interest- Non-taxable	_____	_____
Dividends	_____	_____
Net Rents (Rent less cash expenses)	_____	_____
Partnerships	_____	_____
Other:		
_____	_____	_____
_____	_____	_____
Other Income		
Gifts	_____	_____
Other:		
_____	_____	_____
_____	_____	_____

EXPENDITURES

Use this section to record your current expenditures.

	Amount
Lifestyle Expenditures:	
Basic Lifestyle Expenditures	
Housing (Mortgage, Property Taxes, Insurance, Utilities, etc.)	_____
Transportation (Payments, Insurance, Fuel, Repairs, etc.)	_____
Food	_____
Clothing (and cleaning)	_____
Other Basic Lifestyle Expenditures:	
Phone	_____
Household Purchases & Supplies	_____
House Cleaning and Household Help	_____
Education (not secondary or college)	_____
Recreation & Club Membership	_____
Personal Care & Improvement	_____
Insurance for Medical, Dental, Health, and Disability	_____
Life Insurance	_____
Liability Insurance	_____
Other Insurance	_____
Yard Maintenance	_____
Debt Reduction	_____

EXPENDITURES (CONTINUED)

Contributions _____

Other (describe):

Discretionary Lifestyle Expenditures

Education (Secondary and College) _____

Entertainment & Restaurants _____

Vacations _____

Extraordinary Charitable Contributions _____

Hobbies _____

Personal Gifts _____

Support of Relatives and Others _____

Home Improvements _____

Purchase of Autos, Boats, etc. _____

Retirement Plans _____

Debt Reduction _____

Other _____

Taxes (Withheld or Paid)

Federal _____

State _____

Employment (Social Security, etc.) _____

INVESTMENT OBJECTIVES

Indicate the importance of the following investment objectives in priority order from 1 to 8 (1 being most import to you, and 8 being least important)

Diversification

Is it important to hedge against big losses by spreading your risks? -----

Liquidity

Is it important that you have cash available for emergencies, or investment opportunities? -----

Safety

Is it important that you sell your investments at about the price you paid for them? -----

Income

Is it important that you get maximum income from your investments this year and next? -----

Growth

Is it important that your investment dollars keep pace with, or exceed inflation? -----

Tax Advantage

Is it important that you get all the tax relief that may be available to you from your investments? -----

Leverage

Is it important for you to use borrowed money in hopes of reaping a higher return on your investments? -----

Ease of Management

Is it important for you to have investments that you do not have to watch or worry about? -----

LIFE INSURANCE POLICIES

Use this section to record your current life insurance policies. List the company and policy number; type of policy (term, group term, whole life, etc.); the face amount of the policy; cash surrender value; any loans on the policy; owner of the policy; and the beneficiary. This information is used in an analysis of your life insurance and taxable estate.

Company/ Policy	Type of Policy	Face Value	Cash Value	Loan on Policy	Owner	Beneficiary
YOUR COVERAGE						
-----	-----	-----	-----	-----	-----	-----
-----	-----	-----	-----	-----	-----	-----
-----	-----	-----	-----	-----	-----	-----
-----	-----	-----	-----	-----	-----	-----
-----	-----	-----	-----	-----	-----	-----
-----	-----	-----	-----	-----	-----	-----
SPOUSE'S COVERAGE						
-----	-----	-----	-----	-----	-----	-----
-----	-----	-----	-----	-----	-----	-----
-----	-----	-----	-----	-----	-----	-----
-----	-----	-----	-----	-----	-----	-----
-----	-----	-----	-----	-----	-----	-----
-----	-----	-----	-----	-----	-----	-----

FINANCIAL ADVISORS

Use this section to list your financial advisors, such as your attorney, CPA, insurance agent, etc.

Which one advisor would you consult first about a serious business problem, or an important financial decision:

Advisor's title: _____
Name: _____
Firm: _____
Phone/Fax: _____

Address: _____

Advisor's title: _____
Name: _____
Firm: _____
Phone/Fax: _____

Address: _____

Advisor's title: _____
Name: _____
Firm: _____
Phone/Fax: _____

Address: _____

Advisor's title: _____
Name: _____
Firm: _____
Phone/Fax: _____

Address: _____

Advisor's title: _____
Name: _____
Firm: _____
Phone/Fax: _____

Address: _____

Advisor's title: _____
Name: _____
Firm: _____
Phone/Fax: _____

Address: _____

Advisor's title: _____
Name: _____
Firm: _____
Phone/Fax: _____

Address: _____

FINANCIAL DOCUMENTS

Use this section to record your important documents and where they are located. Please use a separate sheet of paper if necessary. You may wish to give a copy of this information to a close relative.

Where is your safe deposit box located? _____

Who has access to your safe deposit box? _____

In whose name(s) is the box registered? _____

Who has your durable power of attorney? _____

Description of Document	Location
Wills, and/or trusts _____	_____
Grant Deed-Home _____	_____
Auto Pink Slips _____	_____
Birth Certificates _____	_____
Social Security Cards _____	_____
Life Insurance Policies _____	_____
Unpaid Bills _____	_____
Paid Bills _____	_____
Income Tax Returns _____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____