

# ESTATE PLANNING CLIENT INFORMATION WORKSHEET

(HUSBAND AND WIFE)

---

The purpose of this Worksheet is to help prepare you for our upcoming estate planning consultation and to provide us with important personal and asset information related to your estate so that we are able to properly advise you on your situation.

So that we can better prepare for your consultation, please return your completed Worksheet to us at least 48 hours before your appointment.

The information disclosed in this Worksheet will be kept strictly **confidential**.

---

Please return to  
**THE WRIGHT FIRM** 888  
Bestgate Road, Suite 413  
Annapolis, Maryland 21401  
(410) 224-7800

**Date:** \_\_\_\_\_, 20\_\_\_\_\_

**Husband:**

Full name: \_\_\_\_\_  
Name that you sign to documents: \_\_\_\_\_  
Home address: \_\_\_\_\_  
Home telephone number: (\_\_\_\_\_) \_\_\_\_\_  
Home E-mail Address: \_\_\_\_\_  
Resident of above state since: \_\_\_\_\_ Citizen of U.S:  Yes  No  
Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Age: \_\_\_\_\_ Date of birth: \_\_\_\_\_, \_\_\_\_\_  
Place of birth: \_\_\_\_\_  
Occupation (former occupation if retired): \_\_\_\_\_  
Employer: \_\_\_\_\_  
Business address: \_\_\_\_\_  
Business telephone number: (\_\_\_\_\_) \_\_\_\_\_ Retirement Date (if any): \_\_\_\_/\_\_\_\_/\_\_\_\_  
Business E-mail Address: \_\_\_\_\_  
Military service  Yes  No If so, please list your service  
branch, retirement rank, and dates of service: \_\_\_\_\_  
Date and place of marriage: \_\_\_\_\_  
Have you ever been divorced?  Yes  No If answer is "Yes", please give:  
Name of former spouse: \_\_\_\_\_  
Date and place of divorce: \_\_\_\_\_  
Did you have a marital property settlement agreement?  Yes\*  No  
\* *If so, please bring a copy of this agreement with you to your appointment*

**Wife:**

Full (including maiden) name: \_\_\_\_\_  
Name that you sign to documents: \_\_\_\_\_  
Resident of above state since: \_\_\_\_\_ Citizen of U.S:  Yes  No  
Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Age: \_\_\_\_\_ Date of birth: \_\_\_\_\_, 19\_\_\_\_\_  
Place of birth: \_\_\_\_\_  
Occupation (former occupation if retired): \_\_\_\_\_  
Employer: \_\_\_\_\_  
Business address: \_\_\_\_\_  
Business telephone number: (\_\_\_\_\_) \_\_\_\_\_ Retirement Date (if any): \_\_\_\_/\_\_\_\_/\_\_\_\_  
Business E-mail Address: \_\_\_\_\_  
Military service  Yes  No If so, please list your service  
branch, retirement rank, and dates of service \_\_\_\_\_  
Have you ever been divorced?  Yes  No If answer is "Yes", please give:  
Name of former spouse: \_\_\_\_\_  
Date and place of divorce: \_\_\_\_\_  
Did you have a marital property settlement agreement?  Yes\*  No  
\* *If so, please bring a copy of this agreement with you to your appointment*

**Questions for Both Spouses:**

Have the two of you ever signed a pre- or post-marriage agreement?  Yes\*  No

\* *If so, please bring a copy of this agreement with you to your appointment*

Do either of you have any current serious health concerns?  Yes\*  No

If YES, what are they? Husband: \_\_\_\_\_

Wife: \_\_\_\_\_

During your marriage, have the two of you lived in any of the following states and during what period of time did you reside there: **Louisiana, Texas, New Mexico, Arizona, California, Nevada, Idaho, Washington, Alaska, or Wisconsin?**

State: \_\_\_\_\_ Years Resided There: \_\_\_\_\_ - \_\_\_\_\_

State: \_\_\_\_\_ Years Resided There: \_\_\_\_\_ - \_\_\_\_\_

Have either of you previously completed will, trust, or estate planning?  Yes\*  No

If YES, what kind of planning and when? \_\_\_\_\_

\* *If so, please send us copies of your will(s) and/or trust(s) when you return this questionnaire*

Have you or your spouse ever filed a federal gift tax return?  Yes\*  No

\* *If so, please bring a copy of each such federal gift tax return with you to your appointment*

Are you currently making annual gifts to any persons or charitable organizations?  Yes  No

If YES, to whom? \_\_\_\_\_

**Children:**

1. Name: \_\_\_\_\_

Child of:  Husband  Wife  Both Husband and Wife

Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address:  with parents  Other: \_\_\_\_\_

Home Telephone Number: (\_\_\_\_\_) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Spouse's Name (if any): \_\_\_\_\_

Spouse's Occupation: \_\_\_\_\_

Children (please list names and ages): \_\_\_\_\_

\_\_\_\_\_

Disabilities or special needs: \_\_\_\_\_

2. Name: \_\_\_\_\_

Child of:  Husband  Wife  Both Husband and Wife

Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address:  with parents  Other: \_\_\_\_\_

Home Telephone Number: (\_\_\_\_\_) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Spouse's Name (if any): \_\_\_\_\_

Spouse's Occupation: \_\_\_\_\_

Children (please list names and ages): \_\_\_\_\_

\_\_\_\_\_

Disabilities or special needs: \_\_\_\_\_

*(Information about children is continued on the next page)*

**Children** (continued):

3. Name: \_\_\_\_\_  
Child of:  Husband  Wife  Both Husband and Wife  
Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Address:  with parents  Other: \_\_\_\_\_  
Home Telephone Number: (\_\_\_\_) \_\_\_\_\_ E-mail Address: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Spouse's Name (if any): \_\_\_\_\_  
Spouse's Occupation: \_\_\_\_\_  
Children (please list names and ages): \_\_\_\_\_  
\_\_\_\_\_  
Disabilities or special needs: \_\_\_\_\_

4. Name: \_\_\_\_\_  
Child of:  Husband  Wife  Both Husband and Wife  
Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Address:  with parents  Other: \_\_\_\_\_  
Home Telephone Number: (\_\_\_\_) \_\_\_\_\_ E-mail Address: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Spouse's Name (if any): \_\_\_\_\_  
Spouse's Occupation: \_\_\_\_\_  
Children (please list names and ages): \_\_\_\_\_  
\_\_\_\_\_  
Disabilities or special needs: \_\_\_\_\_

5. Name: \_\_\_\_\_  
Child of:  Husband  Wife  Both Husband and Wife  
Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Address:  with parents  Other: \_\_\_\_\_  
Home Telephone Number: (\_\_\_\_) \_\_\_\_\_ E-mail Address: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Spouse's Name (if any): \_\_\_\_\_  
Spouse's Occupation: \_\_\_\_\_  
Children (please list names and ages): \_\_\_\_\_  
\_\_\_\_\_  
Disabilities or special needs: \_\_\_\_\_

Do you have any children who have predeceased you?  Yes\*  No  
If YES, what are their names and dates of birth? \_\_\_\_\_  
If so, do any of these deceased children have any children of their own who are now alive?  
 Yes  No  
If YES, what please list them by parent and give their respective dates of birth? \_\_\_\_\_  
\_\_\_\_\_

**Please tell us below anything else that you think we need to know about your children:**

---

---

---

---

**Living Parents:**

1. Name: \_\_\_\_\_  
Parent(s) of:     Husband     Wife  
Age: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Home Telephone Number: (\_\_\_\_) \_\_\_\_\_    E-mail Address: \_\_\_\_\_  
Occupation: \_\_\_\_\_     Retired  
Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Disabilities or special needs: \_\_\_\_\_

2. Name: \_\_\_\_\_  
Parent(s) of:     Husband     Wife  
Age: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Home Telephone Number: (\_\_\_\_) \_\_\_\_\_    E-mail Address: \_\_\_\_\_  
Occupation: \_\_\_\_\_     Retired  
Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Disabilities or special needs: \_\_\_\_\_

**Next of kin (if no children or parents living), Other dependents, Others to be mentioned in your estate plan:**

1. Name: \_\_\_\_\_  
Age: \_\_\_\_\_    Birthdate: \_\_\_\_\_    Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Home Telephone Number: (\_\_\_\_) \_\_\_\_\_    E-mail Address: \_\_\_\_\_  
Spouse's Name: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Disabilities or special needs: \_\_\_\_\_

2. Name: \_\_\_\_\_  
Age: \_\_\_\_\_    Birthdate: \_\_\_\_\_    Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Home Telephone Number: (\_\_\_\_) \_\_\_\_\_    E-mail Address: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Disabilities or special needs: \_\_\_\_\_

**Do you have a safe deposit box?  Yes  No**

If so, please state: Name of bank: \_\_\_\_\_

Location: \_\_\_\_\_

Names of Joint Owners: \_\_\_\_\_

**Please list the names and telephone numbers of the following (if applicable):**

Your physician: \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

Your accountant: \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

Your financial planner/advisor: \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

Your life insurance agent: \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

Your securities broker: \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

Your investment counselor: \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

Your primary bank: \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

**Please briefly describe how you wish your property to be distributed (use reverse side if necessary):**

**Husband:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Wife:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**If you could allocate your estate to beneficiaries at death any way you wanted among the following choices (excluding your spouse), what would your ideal allocation look like?**

\_\_\_\_\_ % to Family/Heirs      \_\_\_\_\_ % to Taxes      \_\_\_\_\_ % to Charitable Organizations

**If you could leave each of your family members or heirs any amount of money, what specific dollar amount per family member or heir would that be?**      \$ \_\_\_\_\_ or

An income of \$ \_\_\_\_\_ per year plus

\$ \_\_\_\_\_ in assets

**Is it possible to leave each of your family members or heirs too much?**       Yes       No

**If so, at what amount of money would they receive too much?**      \$ \_\_\_\_\_

**If you were to become disabled or incompetent, who would you want to manage your property?**

**Husband:**

Surviving spouse

Others (or if spouse cannot do so):

1. Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Jointly with person above? \_\_\_\_\_

2. Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Jointly with person above? \_\_\_\_\_

3. Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Jointly with person above? \_\_\_\_\_

**Wife:**

Surviving spouse

Others (or if spouse cannot do so):

1. Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Jointly with person above? \_\_\_\_\_

2. Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Jointly with person above? \_\_\_\_\_

3. Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Jointly with person above? \_\_\_\_\_

**If you were unable to make medical decisions for yourself, who would you want to make decisions for you concerning medical treatment and/or the use of life support machines?**

**Husband:**

Surviving spouse

Others (or if spouse cannot do so):

1. Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Jointly with person above? \_\_\_\_\_

2. Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Jointly with person above? \_\_\_\_\_

3. Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Jointly with person above? \_\_\_\_\_

**Wife:**

Surviving spouse

Others (or if spouse cannot do so):

1. Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Jointly with person above? \_\_\_\_\_

2. Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Jointly with person above? \_\_\_\_\_

3. Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Jointly with person above? \_\_\_\_\_

**Who would you wish to be in charge of the administration of your estate(s)?**

**Husband:**

Surviving spouse

Others (or if spouse cannot do so):

1. Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Jointly with person above? \_\_\_\_\_

2. Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Jointly with person above? \_\_\_\_\_

3. Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Jointly with person above? \_\_\_\_\_

**Wife:**

Surviving spouse

Others (or if spouse cannot do so):

1. Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Jointly with person above? \_\_\_\_\_

2. Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Jointly with person above? \_\_\_\_\_

3. Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Jointly with person above? \_\_\_\_\_

**Who would you wish to be the guardian(s) of your minor children should neither of their parents be alive?**

1. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Relationship: \_\_\_\_\_
2. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Relationship: \_\_\_\_\_

**At what age do you believe that your children or grandchildren would be capable of handling assets on their own if both of their parents were to predecease them?**

At present age     18     21     25     Other: \_\_\_\_\_

Please describe any special exceptions to this below.

\_\_\_\_\_



## **Determining Family Relationships**

Because your estate planning documents may be based on who you intend will comprise your family members, **please help us understand your intentions by placing a check in the blanks below that accurately state your thoughts on the subject:**

### **Adoption**

1. \_\_\_ An adopted child should have the same family status as a biological child (current MD law).  
\_\_\_ An adopted child should have the same family status as a biological child only if the child is adopted before reaching the age of \_\_\_\_\_ years.  
\_\_\_ Only biological children in a parent's bloodline should be regarded as descendants of the parent. Adopted children should not have the same family status as biological children.
2. \_\_\_ A biological child should not be treated as the child of a person whose parental status is terminated by his or her consent to the child's adoption by another person.

**Children Conceived by Using Assisted Reproduction Technology ("ART")** - Unless you indicate otherwise below, we will assume that a woman who is both the genetic mother and the birth mother of a child should be treated as the parent of that child for the purposes of your documents.

3. \_\_\_ Concerns about ART children are unlikely to apply in my family. I accept any judgments made in this context by applicable Maryland law.
4. \_\_\_ A child conceived using ART should be treated as a child of a genetic or a nongenetic parent only if that parent acknowledges intent to become a parent before gestation begins (i.e., prior intent to be recognized as a parent should be required in the ART context).
5. \_\_\_ A child conceived using ART should be treated as a child of a nongenetic parent if the nongenetic parent is married to the genetic parent when the child is conceived or at any time after conception.
6. \_\_\_ A genetic father of an ART child should be treated as the parent of the child if the father openly raises or acknowledges the child as his progeny.
7. \_\_\_ A woman who is both the genetic mother and the birth mother of a child should not be treated as the parent of that child if the woman, without any intention of being the child's parent after birth, carried the child to birth under an agreement with the child's intended parents.
8. \_\_\_ A child conceived using ART must be born before the death of a person who otherwise would be treated as the parent of that child or within \_\_\_\_\_ months thereafter. (Note: postponing determination of parental status until after a parent's death may delay distributions to others.)

### **Children Born Out of Wedlock**

9. \_\_\_ If a child is conceived by the copulation of genetic parents, the child should always be treated as the child of the genetic father.
10. \_\_\_ If a child is conceived by copulation of the genetic parents, the child should be treated as the child of a genetic parent only if each of the genetic parents is a party to a marriage with the other genetic parent when the child is conceived or at any time after conception.
11. \_\_\_ If a child is conceived by copulation outside of a marriage, the child should be treated as the child of a genetic father who at any time openly raises or acknowledges the child as his.

### **Effect of Civil Unions, Domestic Partnerships, or Substantially Similar Legal Relationships**

12. \_\_\_ When "marriage" is referred to in the above statements, it is intended to include a civil union, domestic partnership, or substantially similar legal relationship.

Other comments/concerns: \_\_\_\_\_

# Financial Information Questionnaire

The Wright Firm  
888 Bestgate Road, Suite 413  
Annapolis, Maryland 21401

Email: RTWright@thewrightfirm.net  
Phone: (410) 224-7800

## Instructions:

How we can help you very much depends on the nature of the assets and liabilities involved. For example, a will only controls individually owned and tenant in common property interests. Trusts only control property titled to the trustee. Jointly owned property with a right of survivorship will pass to the survivor regardless of what an individual's will or trust provides. Life insurance, qualified plans and IRAs, and annuities generally pass at death by virtue of the owner's beneficiary designation. As such, it is important that we obtain a good understanding as to how you own your property.

Please complete this Financial Information Questionnaire as completely and as legibly as possible. If you are using Adobe Acrobat on your computer to fill in your answers, the questionnaire contains a number of "drop-down boxes" that give you choices to save typing. If you see a little box at the right edge of an entry, use your mouse to click on the box, and you will be presented with a number of typical choices. If these choices do not allow you to provide correct information, feel free to type the correct information into the box on your own. Also, to save you time and typing, we use a convention that if an entry is blank but the rest of the line is completed, the blank box means "Same as above". Consequently, if you complete a line but don't know the answer to an information item, please enter a " ? " in the appropriate box.

Thus, in the following example,

	Owner(s)	
1	Individual 1	sdf ghj rtyu
2	Same Owner(s) as Above	sdf ghj rtyu
3		sdf ghj rtyu
4	?	sdf ghj rtyu

the answers in Lines 2 and 3 both mean the same thing and point to "Individual 1" in Line 1, and the Owner in Line 4 is unknown.

If we haven't supplied enough entry lines for your particular assets, feel free to use the "Anything Else of Value" entries at the end or a blank sheet of paper.

Finally, if you are answering with reference to two people, it is important that we know exactly who you are referring to. Please therefore identify "Individual 1" and "Individual 2" below:

Individual 1 refers to: \_\_\_\_\_

Individual 2 (if any) refers to: \_\_\_\_\_

# Asset Information

When completed, please return to:  
The Wright Firm 888 Bestgate Road, Suite 413 Annapolis, MD 21401 (410) 224-7800 Rwright@thewrightfirm.net

## CASH / CDs / CHECKING / SAVINGS / MONEY MARKET FUNDS:

Total Asset Value Shown:

Owner(s)	Bank or Other Institution	Account Number	Account Type	Current Value

## BROKERAGE ACCOUNTS / MUTUAL FUNDS / STOCKS/ BONDS:

Owner(s)	Investment Type	Broker or Issuing Company / Fund	Account Number / # Shares or Bond Denomination	Basis	Current Value

**REAL ESTATE:**

Owner(s)	Address	Investment Amount (Purchase Price + Improvements)	Mortgage or Deed of Trust Balance	Current Value

**CLOSELY HELD BUSINESS INTERESTS:**

Owner(s)	Type of Business	Company Name	Percent Owned	Buy-Sell Agreement?	Basis and Acquisition Date	Present Value
				Yes <input type="checkbox"/> No <input type="checkbox"/>		
				Yes <input type="checkbox"/> No <input type="checkbox"/>		
				Yes <input type="checkbox"/> No <input type="checkbox"/>		

**MONIES OWED TO YOU (E.G., PROMISSORY NOTES, MORTGAGES, OTHER OBLIGATIONS BY OTHERS TO YOU):**

Debtor(s)	Owed to	Type of Obligation	Original Obligation Date	Interest Rate	Original Obligation Amount	Amount Currently Owed

**IRA / 401(k) / PENSION / OTHER RETIREMENT ACCOUNTS:**

Owner(s)	Type of Account IRA, Roth IRA, 401(k), TSP, Pension, Other	Custodian / Company	Account Number	Beneficiaries	Current Value
				Primary: Contingent:	
				Primary: Contingent:	
				Primary: Contingent:	
				Primary: Contingent:	
				Primary: Contingent:	

**ANNUITIES:**

Owner(s)	Type of Annuity Variable or Fixed	Issuing Company	Account Number	Beneficiaries	Current Value
				Primary: Contingent:	
				Primary: Contingent:	
				Primary: Contingent:	

**LIFE INSURANCE POLICIES:**

Owner(s)	Insured	Insurance Company	Policy Number	Beneficiaries	Type of Insurance	Death Benefit
				Primary: Contingent:	Permanent: <input type="checkbox"/> Term: <input type="checkbox"/>	
				Primary: Contingent:	Permanent: <input type="checkbox"/> Term: <input type="checkbox"/>	
				Primary: Contingent:	Permanent: <input type="checkbox"/> Term: <input type="checkbox"/>	
				Primary: Contingent:	Permanent: <input type="checkbox"/> Term: <input type="checkbox"/>	
				Primary: Contingent:	Permanent: <input type="checkbox"/> Term: <input type="checkbox"/>	

**PERSONAL PROPERTY:**

Please provide estimated total values of all personal property that has significant value. Do not include clothing.

Household Furnishings	Antiques	Collections	Jewelry	Other

**MOTOR VEHICLES AND BOATS:**

Owner(s)	Year	Make	Model	Remaining Lien Amount (if any)	Estimated Value

**ANYTHING ELSE OF VALUE AT YOUR DEATH:**

(for example: oil, gas, and mineral interests; royalties and patents; copyrights; other types of investments; and items you couldn't fit in above)

Owner(s)	Type of Property / Interest % Share	Description & Property Location	Basis	Current Value

## LIABILITY INFORMATION - OTHER MONIES OWED BY YOU:

(e.g., Promissory Notes, Taxes, Business Accounts Payable, Credit Card Balances, etc. not shown with Real Estate or Motor Vehicles above)

Type of Obligation	Owed by	Owed to	Original Obligation Date	Interest Rate	Amount Currently Owed

## CURRENT INCOME INFORMATION & INCOME SOURCES:

Amounts per Yr.

Salary and Wages  
 Investment Income and Dividends (other than income from IRAs and Qualified Plans)  
 Rents (net of rental expenses)  
 Social Security / Railroad Retirement  
 Pensions, Retirement Plans, IRAs, and other Qualified Plans  
 Other Income:  
 Source: \_\_\_\_\_


TOTAL ANNUAL INCOME \_\_\_\_\_

Please include copies of your most recent federal and state income tax returns when you return this Worksheet.

What percentage or what amount of your after-tax income do you accumulate for the future? \_\_\_\_\_ % \$ \_\_\_\_\_