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Confidential Questionnaire

Instructions: You can use Microsoft Word to complete this form. Just tab through the document or click with your mouse and begin typing when you see the black rectangle. To check a box, click it or press the space bar.

Date Completed:

Client Name:	Co-Client Name:
Relationship to Co-Client:	Relationship to Client:
Date of Birth:	Date of Birth:
Gender Identity: <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Non-binary	Gender Identity: <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Non-binary
Address:	Address:
City, State, Zip:	City, State, Zip:
Home Phone:	Home Phone:
Other Phone:	Other Phone:
Email:	Email:

Primary person to contact during business hours:
Preferred contact method: <input type="checkbox"/> Home Phone <input type="checkbox"/> Other Phone or <input type="checkbox"/> Email

Children (or others you support):

Name:	Relationship:	Date of Birth:	Dependent:	Residence (city & state):
			<input type="checkbox"/> Y <input type="checkbox"/> N	
			<input type="checkbox"/> Y <input type="checkbox"/> N	
			<input type="checkbox"/> Y <input type="checkbox"/> N	
			<input type="checkbox"/> Y <input type="checkbox"/> N	
			<input type="checkbox"/> Y <input type="checkbox"/> N	

Financial Planning Priorities and Interests

Short-term goals (next 1-5 years):

Longer-term goals:

What would you like to accomplish with Fiscal Fitness?

What is important to you about your money? For example: charitable involvement, family security, bequests, grandchildren’s education, or anything not listed above.

Employment Information, including self employment (if applicable):

Client	Co-Client
Employer:	Employer:
Position:	Position:
Years with this employer:	Years with this employer:
Anticipated employment changes? <input type="checkbox"/> Yes <input type="checkbox"/> No	Anticipated employment changes? <input type="checkbox"/> Yes <input type="checkbox"/> No
When do you plan to retire?	When do you plan to retire?
Current annual pre-tax salary: \$	Current annual pre-tax salary: \$
Other employment income: \$	Other employment income: \$
Average bonus/commissions: \$	Average bonus/commissions: \$
Total annual income = \$	Total annual income = \$
Is income consistent & reliable? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is income consistent & reliable? <input type="checkbox"/> Yes <input type="checkbox"/> No

Do you have non-employment sources of income, such as alimony, pensions, retirement accounts, or rental property? If yes, please describe:

Advisor Relationships

Where applicable, rate your current advisor on a scale of 1 (dissatisfied) to 5 (very satisfied)

Advisor	Rating (1-5)	Comment
Accountant		
Tax Preparer		
Attorney		
Broker		
Insurance Agent (1)		
Insurance Agent (2)		
Financial Planner		

Tax & Estate Planning Information

Who prepares your tax return? Self Paid Preparer Preparer Name:

Client:

Which documents do you have?	Year drafted?	In what state?
<input type="checkbox"/> Will		
<input type="checkbox"/> Living Will		
<input type="checkbox"/> Living Trust		
<input type="checkbox"/> Durable Power of Attorney (Financial)		
<input type="checkbox"/> Durable Power of Attorney (Medical)		
<input type="checkbox"/> Other (e.g. property agreements)		

Co-Client:

Which documents do you have?	Year drafted?	In what state?
<input type="checkbox"/> Will		
<input type="checkbox"/> Living Will		
<input type="checkbox"/> Living Trust		
<input type="checkbox"/> Durable Power of Attorney (Financial)		
<input type="checkbox"/> Durable Power of Attorney (Medical)		
<input type="checkbox"/> Other (e.g. property agreements)		

Insurance Information

Policy	Insurance company	Coverage Amount?	Deductible?	Premium?
Vehicle 1		\$	\$	\$
Vehicle 2		\$	\$	\$
Vehicle 3		\$	\$	\$
Homeowners		\$	\$	\$
Other		\$	\$	\$

Client

Do You Have?	Employer-Provided?	Coverage?	Premium?
Health: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
Disability: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
Life: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
Umbrella Liability: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
Long-Term Care: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$

How is your health?

Co-Client

Do You Have?	Employer-Provided?	Coverage?	Premium?
Health: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
Disability: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
Life: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
Umbrella Liability: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
Long-Term Care: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$

How is your health?

Financial Assets

Please provide the current value of the following:

Account Type	Joint	Client	Co-Client
Checking and savings :	\$	\$	\$
CDs + money market funds:	\$	\$	\$
Tax-deferred retirement accounts (IRAs, 401(k)'s, 403(b)'s, etc.):	\$ n/a	\$	\$
Roth IRAs:	\$ n/a	\$	\$
Brokerage accounts:	\$	\$	\$
Mutual funds in taxable accounts:	\$	\$	\$
Education savings (529s, etc.):	\$	\$	\$
Employee stock purchase plan:	\$	\$	\$
Other financial assets:	\$	\$	\$

Do you have a pension? Client Yes No Co-Client Yes No
 If yes, estimated monthly benefit: Client \$ at age Co-Client \$ at age .

How much do you save each month?

Retirement plans:	\$
Other investment or savings accounts:	\$

Do you manage your own investments? Yes No

What is your desired annual retirement income? (after tax, in today's dollars) \$

Personal Property

	Estimated Value:	Notes:
Primary Residence:	\$	
Vehicle 1:	\$	
Vehicle 2:	\$	
Vehicle 3:	\$	
Furnishings:	\$	
Other:	\$	

Liabilities

Credit Cards: (If not paid in full each month)

Type	Interest Rate	Average Monthly Payment	Current Balance
	%	\$	\$
	%	\$	\$
	%	\$	\$

Other Debts: Please list mortgage, home equity, auto, personal, business, education, or other loans:

Type	Term	Maturity Date	Interest Rate	Monthly Payment	Current Balance	Original Balance
			%	\$	\$	\$
			%	\$	\$	\$
			%	\$	\$	\$
			%	\$	\$	\$
			%	\$	\$	\$

