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Personal and Confidential Profile
(For Informational Purposes Only)

PERSONAL FINANCIAL PLANNING
RETIREMENT PLANNING AND
ESTATE TAX PLANNING

PERSONAL AND CONFIDENTIAL PROFILE

Date: _____

I. PERSONAL INFORMATION

TAXPAYER

Name: _____

Street Address: _____

City, State, Zip Code: _____

Home Telephone: _____

Occupation: _____

Business Name: _____

Business Address: _____

Business Telephone: _____

SPOUSE

Name: _____

Occupation: _____

Business Name: _____

Business Address: _____

Business Telephone: _____

II. FAMILY DATA

Number of Children: _____

Name: _____

Address: _____

Telephone Number: _____

Name: _____

Address: _____

Telephone Number: _____

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Name: _____

Address: _____

Telephone Number: _____

Identify any health problems affecting the family or any other dependent persons:

Name of Primary Care Physician(s):

Funeral Arrangements (if any):

Pre-Paid Plans: _____

Cremation: _____

Number of Pets (if any): _____

Name(s):

Description(s) (i.e., Breed, Color, Location, Age, Etc.):

III. FINANCIAL INFORMATION

 _____ Assets:

Use Assets:

	<u>Date</u> <u>Acquired</u>		<u>Cost or</u> <u>Adjusted</u> <u>Basis</u>	<u>Fair</u> <u>Market</u> <u>Value</u>
Personal Residence:	_____	_____	_____	_____
Other person R/E: Description:	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Household Contents:	_____	_____	_____	_____
Vehicles:	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Antiques or Collections:	_____	_____	_____	_____
_____	_____	_____	_____	_____
Other:	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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ASSETS
(Cash and Cash Equivalents)

	<u>Institution</u>	<u>Current Balance/Value</u>	<u>Interest Rate</u>
Checking	_____	_____	_____
Checking	_____	_____	_____
Checking	_____	_____	_____
Savings	_____	_____	_____
Money Market	_____	_____	_____
Money Market	_____	_____	_____
CD	_____	_____	_____
CD	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Cash Surrender Value of Life Insurance	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

Invested Assets: (Do not include retirement assets, see later)

SECURITY
(Stocks, bonds, mutual funds, treasury bills, etc.)

<u># of Units</u>	<u>Date of Other Purchase</u>	<u>Basis</u>	<u>Market tax Value</u>	<u>Cost or Fair Before Yield</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

(Attach additional sheet, if necessary)

Loans to Family or Friends:

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ASSET SUMMARY

(Reserved for our use, please do not complete)

	<u>Total Fair Market Value</u>
Total Cash & Cash Equivalents	_____
Total Invested Assets	_____
Total Use Assets	_____
Total:	_____

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LIABILITIES

<u>Entity</u>	<u>Outstanding</u>	<u>Interest</u>	<u>Monthly</u>	<u>Date of</u>
	<u>Balance</u>	<u>Rate</u>	<u>Payment</u>	<u>Maturity</u>

(Consumer Credit)

(Life Insurance Loans)

(Personal Notes Payable)

(Notes Guaranteed)

(Margin Accounts)

(Other)

(Personal Mortgages)(home, camp, etc.)

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LIABILITY SUMMARY
(Reserved for our use, please do not complete)

Total short term:	_____	_____
Total Long Term:	_____	_____
Total:	_____	_____

IV. ANNUAL BASE INCOME

<u>SOURCES</u>	<u>Actual for Past 12 months</u>
Salary	_____
Salary	_____
Interest	_____
Dividends	_____
Net Rentals + or (-)	_____
Royalties	_____
Estate and Trust	_____
Partnership	_____
Farm	_____
Annuities/Retirement	_____
Social Security	_____
Unemployment	_____
Disability	_____
Funds from sale of assets	_____
Other:	_____

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V. RETIREMENT PLANNING

FIXED RETIREMENT INCOME

<u>Source</u>	<u>Beneficiary</u>	<u>Date Payable</u>	<u>Monthly Amount</u>	<u>Survivors Benefits</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

RETIREMENT ACCUMULATION PLANS

<u>Source</u>	<u>Beneficiary</u>	<u>Current Account Value</u>	<u>Date Valued</u>	<u>Survivors Benefits</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

VI. MISCELLANEOUS GIFT AND ESTATE TAX INFORMATION

Have you or your spouse filed any gift tax returns in your lifetime? Yes _____ No _____

(If yes, please attach copies of any gift tax returns filed)

