



Register

MBA, Inc:
PERSONAL FINANCIAL DATA GATHERING FORM

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We have endeavored to condense and simplify this FINANCIAL PLANNING questionnaire to be self explanatory, but a few additional comments may be helpful. We realize there is much effort on your part to gather and supply the information asked for, but omissions could distort the accuracy of the SUGGESTED guide. The purpose of any plan is to serve you as a general guideline and not to guarantee future projections, exact amounts or results.

You may print and fill out this form and return to us by US mail. Or, you may request an electronic form to be completed and sent back to us by secure email transmission.

Earned Medical Income:

Income Data Annual Dollars	Gross Amount	Taxed Amount	Fed Tax W/H	Soc Sec Tax W/H	Medicare Tax W/H	St/Loc Tax W/H
Wage Earner #1(H)*						
Wage Earner #2(W)*						
Business Earner #1 (H)**						
AMT Adjustments>						

>Alternate Minimum Tax Form 6251 Line 15

Financial Assets:

Assets	Purpose	Title	X	\$ Cost	\$ FMV	Yearly \$ Payment	Balance Due \$	Annual% Interest
Checking								
Stocks								
IRA's								
Residence								

Life Insurance Policies:

Owner H,W,O**	Insured (H,W)	Beneficiary (H,W,O**)	Yearly Premium \$	Cost \$*	Cash Value \$	Loans \$	Face Value \$
H	H	W					
W	W	H					

Household Expenses:

Expense Data	Annual Amount \$	
Total food		
Mortgage Interest Only		+
Property Insurance (0 if in mortgage)		
Utilities-Fuel/Water		
Property Taxes (0 if in mortgage)		
Estimate State/Local Tax Paid		^ Indicate only additions to the payroll deduction here
Federal Estimated Tax Paid		x Indicate only additions to the payroll deduction here

MBA FINANCIAL PLAN - QUESTIONNAIRE

We will need additional information about your assets, liabilities, income and expenses to prepare financial suggestions specifically for you. The accuracy this report will help equal the accuracy of the information supplied

Personal Information:

	Family first names	Birth year	Dependent (Y or N)
Husband (H) ^			
Wife (W)			
Children			

^ If single put data in (H) spaces

Income Data:

Income Data Annual Dollars	Gross Amount	Taxed Amount	Fed Tax W/H	Soc Sec Tax W/H	Medicare Tax W/H	St/Loc Tax W/H
Wage earner #1(H)*						
Wage earner #2(W)*.....						
Business earner #1(H)**						
Business earner #2(W)**						
Gifts						
Soc security benefits...						
Pension benefits						
Alimony received						
Unemployment						
Rents						
Capital gain(L/T)						
Capital gain(S/T)						
Other						
AMT adjustments						

* - Refer to pay check, enter annual figures

** - Gross amount = Net Profit

** -Taxed amount = Net Profit - saving to Keogh/SEP For MBA Office Use

Definitions:

- **Purpose** - Identify only if not to be used for retirement, liquid funds, goal funding & other (OTHER)
- **Title** - Fill in how assets are titled, joint (J), husband (H), wife (W)
- **X** - if assets titled to either husband (H) or wife (W), insert (X) if spouse is beneficiary
- **Cost** - Indicate cost of assets only if it differs from full market value (FMV)
- **FMV** - Indicate full market value of assets
- **Yearly \$ payment** - Indicate annual payment made for assets saving or debt payment (money paid out)
- **Balance Due \$** - Indicate balance owed on assets or debt
- **Annual Interest** - Estimate annual before tax (B/T) interest or dividend rate earned on assets (money rec'd / FMV)

Asset Data:

				\$	\$	Yearly \$	Balance	Annual%
Assets	Purpose	Title	X	Cost	FMV	Payment	Due \$	Interest
Example: IRA		H	X	0				
		W	X	0				
Checking	OTHER	J						
	OTHER	H						
	OTHER	W						
Saving/CD's		J						
		H						
		W						
Mutual funds		J						
		H						
		W						
Stocks		J						
		H						
		W						
Bonds		J						
		H						
		W						
Tax free funds & Roth IRA		J						
		H						
		W						

Receivables		J						
		H						
		W						
Partnership Int		J						
		H						
		W						
Inv Real Estate		J						
		H						
		W						
Inv Collectibles		J						
		H						
		W						
Annuity etc.		J						
		H						
		W						
K401s/Keogh		H						
		W						
IRA's		H						
		W						
Value of Business		J						
		H						
		W						
Residence		J						
		H						
		W						
Vehicles		J						
		H						
		W						
Personal property		J						
		H						
		W						
Credit Card debt		J						
		H						

		W					
Installment debt		J					
		H					
		W					
Other Commit Liab		J					
		H					
		W					

Life Insurance Policies:

Owner H,W,O**	Insured (H,W)	Beneficiary (H,W,O**)	Yearly Premium \$	Cost \$ *	Cash Value \$	Loans \$	Face Value \$

* Indicate cost only if it differs from cash value (we normally assume cost = cash value) ** Insert "O" if other

Disability Income Policies(s) Data:

Policy	Insured (H,W)	Yearly Premium \$	Benefit Period(Yrs)	Yearly Benefit \$
Wage earner #1	H			
Wage earner #2	W			

Miscellaneous Data:

List any other sources of income or expenses, or special needs or concerns, not mentioned, thus far.

- 1.
- 2.
- 3.

General Questions:

- What return do you expect on assets to retirement _____ % *
- What return do you expect on assets in retirement _____ % .
- What do you expect inflation rate will be _____ %
- What age do you plan to retire (H)? _____ (W)? _____
- How many years do you expect to need retirement income? _____
- What age can you receive your pension (H)? _____ (W)? _____
- Do you plan to continue living in your house after retirement? Y/N _____
- What amount of income in today's dollars(\$) would you need in retirement \$ _____
- Do you expect Social Security and pension payments to keep up with inflation?
- Soc Sec Y/N? _____ Pension Y/N? _____
- How much is your pension worth in today's \$(H)? _____ or how many years have you been in the plan ___ yrs.
- How much is your pension worth in today's \$(W)? _____ or how many years have you been in the plan ___ yrs.
- Estimate for all IRAs & K401/Keogh the % of assets in cash ___ stock ___ bonds ___ other ___ (Total=100%)
- Estimate for all taxable mutual funds the % of assets in cash ___ stock ___ bonds ___ other ___ (Total=100%)

- **Would you want to save an equal amount each year? Y/N___ If no, what increasing rate? _____%**
- **Will either you or your spouse continue to live in your house after the death of the other? Y/N _____**
- **Do you wish to have enough life insurance to fund any of your saving goals after death of one spouse? Y/N_____**

Comments:

1.

2.

3.

- ✓ **Do you have a will ___?**
- ✓ **Does your Will distribute your residue (misc) property to spouse? Y/N_____**
- ✓ **Will you need help to implement suggestion mad in the plan? Y/N_____**

Expense Data:

Depending on number of children, lifestyle, and life stage, expenses can vary from one family to the next, but Bureau of Labor has compiled some averages that might be helpful when identifying your annual expenses

Your Expense Data	Annual Amount \$		Bureau of Labor Expense Averages	%
Total food			Food	12
Mortgage Interest Only			Housing	23
Property Insurance (0 if in mortgage)			Transport	14
Utilities - Fuel/water			Clothing	5
Property Taxes (0 if in mortgage)			Personal	2
Other Housing Expense (Rent etc)			Medical	5
Auto Loan/Lease			Other	17
Auto - Gas/Maintenance etc.			Taxes	22
Auto Insurance				
Auto State/Local Tax				
Total Clothes Expense				

Total Personal Care Expense	
Medical/Dental Health Insurance	
Charity	
Entertainment	
Gifts	
Hobby	
Large Asset Purchase	
Meals out	
Travel/Vacation	
Child Care	
Telephone	
All Other Expense	
Estimate State/Local Tax Paid	
Federal Estimated Tax Paid	

Financial Goals:

Name one short or long term financial goal?

- You wish to have available _____ in today's \$ dollars.
- Starting in Yr. _____ to year _____.
- You assume investing % @ _____ and inflation of _____.
- Assets already saved for goal \$ _____.
- You will increase % saved each yr. by _____
- Saving starts in year _____ though _____

Other Goals:

List any other short or long-term goals?

- 1.
- 2.
- 3.

THANK YOU

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