

EMD TAX

& Financial Services

703 Mill Creek Road, Suite G, Manahawkin, NJ 08050
Tel: 609-489-4165 Fax: 732-553-2303

EMD Tax Client? YES NO

NAME _____ D/O/B _____ Current Age _____

If not an EMD Tax Client:

Spouses Name _____ N/A _____

Address: _____

City, State, Zip _____

Telephone # _____

Email Address: _____

INSURANCE

Insured	Company	Policy #	Policy Date	Death Benefit	Annual Premium	Cash Value	Beneficiary

Monthly Disability Benefit _____

Health Insurance _____

Auto Insurance _____

Homeowners Insurance _____

P&C Insurance _____

Monthly Income

Social Security	_____
Pension	_____ - _____
Wages	_____ - _____
RMD's	_____
Total Income	_____ - _____

Monthly Expenses

House	_____	Car insurance	_____
Utilities	_____	Car pmt	_____
Medical	_____	Other	_____
Household Expense	_____	Other	_____
Total Expenses	_____ - _____		<input type="text"/>

monthly SURPLUS/ SHORTFALL

ASSETS

Savings	_____
Investments	_____
IRA's	_____
Real Estate	_____
Property	_____
Annuities	_____
CD's	_____
Mutual Funds	_____
Bonds	_____
Total Assets	_____ - _____

LIABILITIES

Loans Due	_____
Mortgage	_____
Credit Cards	_____
Busienss Debt	_____
Total Liabilities	_____ - _____

Please Circle based on importance

Your Priorities, Needs, and Wants	<u>None</u>	<u>Low</u>	<u>Medium</u>	<u>High</u>	<u>Absolutely</u>
Protecting Family's Lifestyle	1	2	3	4	5
Protection of Income	1	2	3	4	5
Providing Educational Funding	1	2	3	4	5
Start a Savings Plan	1	2	3	4	5
Minimize your Estate	1	2	3	4	5
Business Continuation	1	2	3	4	5
Lower Income Taxes	1	2	3	4	5
Hedge Inflation	1	2	3	4	5
Peace of Mind	1	2	3	4	5
Increase Current Income	1	2	3	4	5
Final Expenses Taken Care of	1	2	3	4	5
Long Term Care Solutions	1	2	3	4	5
A need for extra cash to pay Bills monthly	1	2	3	4	5

Medical Concerns

Any Family Medical History?	Yes	No
Any Family Medical History?-Spouse	Yes	No
Any Current Medical Conditions	Yes	No
Any Current Medical Conditions-Spouse	Yes	No
Any concerns with Alzheimers	Yes	No
Any concerns with Alzheimers-Spouse	Yes	No

Medical Comments

To the best of my / our knowledge, the Statements of my / our Financial Position, Statement of Activity, are complete, accurate, and free from any misstatements which are not misleading in any respect.

Signature

Date

Print Name