

# Investment in EDUCATION



## Confidential Family Questionnaire

Family: \_\_\_\_\_

Primary Advisor: \_\_\_\_\_ Add'l Advisor: \_\_\_\_\_

Date: \_\_\_\_\_ Origin: \_\_\_\_\_

This questionnaire will allow us to provide a college solutions report for your family based on your unique requirements. Please know that all the information you provide is confidential and will not be shared with anyone outside of our group.

Please also take the time to be as complete and accurate as possible. Our solutions and recommendations will be based on this information.



# Student Information

## Primary Student

**Name** \_\_\_\_\_ **Grad Year** \_\_\_\_\_ GPA \_\_\_\_\_ ACT/SAT \_\_\_\_\_ | \_\_\_\_\_ Tuition \_\_\_\_\_ IB? Y / N

PSAT: Year Taken (circle):    Sophomore        Junior    Score: \_\_\_\_\_        Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

AP Classes Taken \_\_\_\_\_        Will Take \_\_\_\_\_        Total Offered \_\_\_\_\_

High School: \_\_\_\_\_

Extracurricular Activities \_\_\_\_\_

Area of Study/Major \_\_\_\_\_

Colleges of Interest: \_\_\_\_\_

\_\_\_\_\_

Are You OK with Community College?    Yes    No        Ideal College Location:    In State    Out of State    Public    Private

Student's Annual Income: \_\_\_\_\_

## Trailing Student One

**Name** \_\_\_\_\_ **Grad Year** \_\_\_\_\_ GPA \_\_\_\_\_ ACT/SAT \_\_\_\_\_ | \_\_\_\_\_ Tuition \_\_\_\_\_ IB? Y / N

PSAT: Year Taken (circle):    Sophomore        Junior    Score: \_\_\_\_\_        Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

AP Classes Taken \_\_\_\_\_        Will Take \_\_\_\_\_        Total Offered \_\_\_\_\_

High School: \_\_\_\_\_

Extracurricular Activities \_\_\_\_\_

Area of Study/Major \_\_\_\_\_

Colleges of Interest: \_\_\_\_\_

\_\_\_\_\_

Are You OK with Community College?    Yes    No        Ideal College Location:    In State    Out of State    Public    Private

Student's Annual Income: \_\_\_\_\_

## Planning Questions

Will any of your students need additional help? Check any that apply

\_\_\_\_\_ Essay Coach                      \_\_\_\_\_ Career Coach

\_\_\_\_\_ Admissions Counselor                      \_\_\_\_\_ Toastmasters

\_\_\_\_\_ ACT Preparation

**Student Notes:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Family Status

**Parent 1 (Mother/Father):** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

Parent 2 (Mother/Father): \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

Marital Status: (circle one)    Married        Divorced        Separated        Single        Widowed

Month/Year Married: \_\_\_\_\_ / \_\_\_\_\_        **People In Household:** \_\_\_\_\_

*Include outside family members whom parents provide more than 50% financial support*

Contact Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Do you have a: \_\_\_\_\_ Will    or \_\_\_\_\_ Trust        Last Review Date: \_\_\_\_\_

Children Over Age 18?        Yes    No        (Suggest Power of Attorney)

## Extended Family

### Parent 1

#### Father

#### Mother

Current Age	_____	_____
Do They Have a Will or Trust?	_____	_____
What is its Review Date?	_____	_____
Personal Health (1 to 5)	_____	_____
Financial Health (1 to 5)	_____	_____
Number of Siblings	_____	_____
Long Term Care Plan in Place?	_____	_____
Legacy Plan in Place?	_____	_____

### Parent 2

#### Father

#### Mother

Current Age	_____	_____
Do They Have a Will or Trust?	_____	_____
What is its Review Date?	_____	_____
Personal Health (1 to 5)	_____	_____
Financial Health (1 to 5)	_____	_____
Number of Siblings	_____	_____
Long Term Care Plan in Place?	_____	_____
Legacy Plan in Place?	_____	_____

**Notes:** \_\_\_\_\_

\_\_\_\_\_

## Occupation - Parent 1

Employer: \_\_\_\_\_ Title: \_\_\_\_\_

Years of Service: \_\_\_\_\_ **Current Annual Income:** \_\_\_\_\_

Past Employer: \_\_\_\_\_ Years of Service: \_\_\_\_\_

Bonus: \_\_\_\_\_ Will You Receive Social Security? Yes No

### Other Income: (check any that apply)

\_\_\_\_\_ Receiving Disability? \_\_\_\_\_ Non-Taxable (*Line 15a/16a of 1040*)

\_\_\_\_\_ Child Support Paid \_\_\_\_\_ Child Support Received

\_\_\_\_\_ Trust \_\_\_\_\_ Business \_\_\_\_\_ Rental

Are You a Veteran? Yes No Amount of GI Bill College Benefits? \_\_\_\_\_

## Occupation - Parent 2

Employer: \_\_\_\_\_ Title: \_\_\_\_\_

Years of Service: \_\_\_\_\_ **Current Annual Income:** \_\_\_\_\_

Past Employer: \_\_\_\_\_ Years of Service: \_\_\_\_\_

Bonus: \_\_\_\_\_ Will You Receive Social Security? Yes No

### Other Income: (if so, list amounts)

Disability Income: \_\_\_\_\_ Non-Taxable (*1040 Line 15a/16a*): \_\_\_\_\_

Child Support Paid: \_\_\_\_\_ Child Support Received: \_\_\_\_\_

Trust: \_\_\_\_\_ Business: \_\_\_\_\_

Rental Property: \_\_\_\_\_

Are you a Veteran? Yes No Amount of GI Bill College Benefits? \_\_\_\_\_

## Taxes

**Tax Refund:** \_\_\_\_\_ Purpose: \_\_\_\_\_

Divorced: Estimated annual income of Non-custodial parent(s): \_\_\_\_\_

Divorced: Percent of time kids stay with Non-custodial parent(s): \_\_\_\_\_

Divorced: Is custody agreement 50/50 joint? Yes No

# Tax Return - W-2

If parents bring tax returns or W-2s to the meeting, use this page to record the appropriate information.

## Tax Return (IRS Form 1040)

### How are taxes filed?

\_\_\_\_\_ Married filing jointly      \_\_\_\_\_ Married filing separately  
\_\_\_\_\_ Head of Household      \_\_\_\_\_ Qualifying Widower      \_\_\_\_\_ Single

## Important Tax Information (Form 1040)

Page 1

Wages, Salaries, Tips: \_\_\_\_\_ Line 7

Business Income: \_\_\_\_\_ Line 12

Adj Gross Income: \_\_\_\_\_ Line 37

Farm Income: \_\_\_\_\_ Line 18

Page 2

Taxes Due: \_\_\_\_\_ Line 56

Education Credits: \_\_\_\_\_ Line 50

American Opportunity: \_\_\_\_\_ Line 68

Refund: \_\_\_\_\_ Line 75

## W-2 Information

Father's Information

Box 1 \_\_\_\_\_

Box 12a \_\_\_\_\_ Letter Code \_\_\_\_\_

Box 12b \_\_\_\_\_ Letter Code \_\_\_\_\_

Box 12c \_\_\_\_\_ Letter Code \_\_\_\_\_

Mother's Information

Box 1 \_\_\_\_\_

Box 12a \_\_\_\_\_ Letter Code \_\_\_\_\_

Box 12b \_\_\_\_\_ Letter Code \_\_\_\_\_

Box 12c \_\_\_\_\_ Letter Code \_\_\_\_\_

### If AGI is less than \$50,000:

Are the parents receiving food stamps or reduced price/free school lunch?      Yes      No

Are the parents allowed to file IRS form 1040A or 1040EZ?      Yes      No

Is either of the parents a dislocated worker?      Yes      No

Is anyone in the family on Medicaid?      Yes      No

## 1040 Supplemental Information

Rentals, S-Corp: \_\_\_\_\_ Line 17

AGI Adjustments: \_\_\_\_\_ Line 36

Amount Owed: \_\_\_\_\_ Line 78

IRA Distributions: \_\_\_\_\_ Line 15

15b \_\_\_\_\_ Explanation \_\_\_\_\_

Pensions/Annuities: \_\_\_\_\_ Line 16

16b \_\_\_\_\_ Explanation \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

## Residence Information

Current Insurance, do they have:

Home & Auto Provider: \_\_\_\_\_ Would they like a review? Yes No

Umbrella Policy Yes No Would they like more information? Yes No

**Home Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ Zip Code: \_\_\_\_\_

Current Value: \_\_\_\_\_

Balance Owed: \_\_\_\_\_ Years left on Mortgage: \_\_\_\_\_

Type of Mortgage: \_\_\_\_\_ Mortgage Interest Rate: \_\_\_\_\_

Monthly Payment: \_\_\_\_\_ Extra Payment?: \_\_\_\_\_

Taxes & Insurance: \_\_\_\_\_ Included in Payment? Yes No

How long are you planning to live at current address? \_\_\_\_\_

### Equity Line of Credit/Second Mortgage

Equity Cap Amount: \_\_\_\_\_

Amount Loaned: \_\_\_\_\_

Interest Rate: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_

### Other Property/Second Home

Where: \_\_\_\_\_

Value: \_\_\_\_\_ Balance Owed: \_\_\_\_\_ Years Left: \_\_\_\_\_

Payment: \_\_\_\_\_ Interest Rate: \_\_\_\_\_ Paying Extra? Yes No

Single Owner? Yes No **If multiple owners, percent owned by family?** \_\_\_\_\_

Do you plan on keeping property? \_\_\_\_\_

**Notes:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Retirement Plan

401(k) In-Service WD	IRA	Roth IRA Deferred Compensation	Social Security Pension
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## Parent 1

Type of Plan	Q/NQ	Tax/TF	Value	Annual Cont	Comp Match	Institution
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

## Parent 2

Type of Plan	Q/NQ	Tax/TF	Value	Annual Cont	Comp Match	Institution
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

## Pension

Who: \_\_\_\_\_ Lump Sum: \_\_\_\_\_ Annual Benefit: \_\_\_\_\_

## Investments - Savings - College Funding

Type of Investment	Value 1	Value 2	Monthly Contribution	Institution
Checking/Savings	_____	_____	_____	_____

## Savings

### Primary Child

### Trailing Child One

	Value	Contribution	Value	Contribution
529 Contributions	_____	_____	_____	_____
UGMA Contributions	_____	_____	_____	_____
Kids Savings	_____	_____	_____	_____
Other (Grandparent 529, gifts, etc)	_____	_____	_____	_____
PrePaid Plans (#Yrs)	_____	_____	_____	_____

# Debts

**Debt Types:**

Auto Credit Card      Student Loans      Dept Store  
 Home Improvement      Time Share      Other

Type of Debt	Balance	Interest Rate	Monthly Payment	Parent1/Parent2/Joint
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

## Life Insurance

Type	Parent1/Parent2	Face Amt	Cash Value	Mon. Prem.	Company	Exp. Date
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

## Disability Insurance - Income Protection

Owner Name	Coverage Type	% Income Cvd	Mon. Benefit	Mon. Prem.	Company
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Health Insurance?    Yes    No

FSA Option?    Yes    No    Annual Contributions \_\_\_\_\_    Annual Cap \_\_\_\_\_

**HSA Option?    Yes    No    Annual Contributions \_\_\_\_\_    Annual Cap \_\_\_\_\_**

**Notes:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



# How do You Intend to Pay for College?

## My College Plan

\_\_\_\_\_ 529/UGMA                      \_\_\_\_\_ Kids will Work                      \_\_\_\_\_ Parent Loans  
\_\_\_\_\_ 2nd Parent Back to Work?    \_\_\_\_\_ Part Time                      \_\_\_\_\_ Full Time                      \_\_\_\_\_ Unsure  
\_\_\_\_\_ Home Equity                      \_\_\_\_\_ Non Qualified Plan                      \_\_\_\_\_ IRA/Roth  
\_\_\_\_\_ 2 + 2 (Community College for Two Years, then Transfer)

Based on the Colleges your child(ren) may attend, what annual base costs should we use?

\$15k   \$30k   \$40k   \$50k   \$60k   Other: \_\_\_\_\_

**Starting now, how much add'l monthly money can you pledge to pay?** \_\_\_\_\_

**Are you OK with Student Loans if there is a strategy?**    Yes    No

What age do you plan to retire? Parent 1 \_\_\_\_\_                      Parent 2? \_\_\_\_\_

What do you plan to do when you retire? \_\_\_\_\_  
\_\_\_\_\_

Will those plans include increased health care costs?    Yes    No

**How much annual income will you need when you retire?** \_\_\_\_\_

Do you have a desire to leave a Legacy for (check all that apply):

\_\_\_\_\_ Your Children                      \_\_\_\_\_ Your Grandchildren                      \_\_\_\_\_ Your Church

\_\_\_\_\_ Favorite Charity (please list) \_\_\_\_\_

\_\_\_\_\_ Other (please list) \_\_\_\_\_

**Notes:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Priorities Check List

Agent Copy

(Please indicate the most important to the least)

<u>Parent 1</u>	<u>Parent 2</u>	<u>Issue Faced</u>
_____	_____	College loan strategy
_____	_____	Affording long term care
_____	_____	Not being a burden on your children in retirement
_____	_____	Lowering future tax obligations
_____	_____	Building a retirement nest egg
_____	_____	Paying for your child(ren)'s College
_____	_____	Protecting savings from future Market downturns and crashes
_____	_____	Reducing debt during college (cars, mortgage, credit cards, etc)
_____	_____	Building (and keeping) an emergency fund
_____	_____	Leaving a legacy for my kids, grandkids, church, charity, etc.

If we could help you achieve all these goals, what would that mean to your family?

If you had a strategic plan for all these goals, would that change your conversations about College?  
Retirement? Security?

Will you work with us to develop a plan that accomplishes all these goals?      Yes      No

What is the best thing we talked about today?

Should we meet again?      Yes      No      If yes, when:

Date: \_\_\_\_\_ Time: \_\_\_\_\_

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

# My Priorities Check List

(Rank each of these 10 values, from 1 (most important) to 10 (least important))

<u>Parent 1</u>	<u>Issue Faced</u>
_____	College loan strategy
_____	Affording long term care
_____	Not being a burden on your children in retirement
_____	Lowering future tax obligations
_____	Building a retirement nest egg
_____	Paying for your child(ren)'s College
_____	Protecting savings from future Market downturns and crashes
_____	Reducing debt during college (cars, mortgage, credit cards, etc)
_____	Building (and keeping) an emergency fund
_____	Leaving a legacy for my kids, grandkids, church, charity, etc.

**Notes:** \_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

# My Priorities Check List

(Rank each of these 10 values, from 1 (most important) to 10 (least important))

<u>Parent 2</u>	<u>Issue Faced</u>
_____	College loan strategy
_____	Affording long term care
_____	Not being a burden on your children in retirement
_____	Lowering future tax obligations
_____	Building a retirement nest egg
_____	Paying for your child(ren)'s College
_____	Protecting savings from future Market downturns and crashes
_____	Reducing debt during college (cars, mortgage, credit cards, etc)
_____	Building (and keeping) an emergency fund
_____	Leaving a legacy for my kids, grandkids, church, charity, etc.

**Notes:** \_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Additional Student Information

## Trailing Student Three

**Name** \_\_\_\_\_ **Grad Year** \_\_\_\_\_ GPA \_\_\_\_\_ ACT/SAT \_\_\_\_\_ | Tuition \_\_\_\_\_ IB? Y / N

PSAT: Year Taken (circle): Sophomore Junior Score: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

AP Classes Taken \_\_\_\_\_ Will Take \_\_\_\_\_ Total Offered \_\_\_\_\_

High School: \_\_\_\_\_

Extracurricular Activities \_\_\_\_\_

Area of Study/Major \_\_\_\_\_

Colleges of Interest: \_\_\_\_\_

Are You OK with Community College? Yes No Ideal College Location: In State Out of State Public Private

Student's Annual Income: \_\_\_\_\_

<b>Savings</b>	Value	Contribution		Value	Contribution
529 Plans	_____	_____	UGMA	_____	_____
Kids Savings <small>(Grandparent 529, gifts, etc)</small>	_____	_____	Other	_____	_____
PrePaid Plans (#Yrs)	_____	_____			

## Trailing Student Four

**Name** \_\_\_\_\_ **Grad Year** \_\_\_\_\_ GPA \_\_\_\_\_ ACT/SAT \_\_\_\_\_ | Tuition \_\_\_\_\_ IB? Y / N

PSAT: Year Taken (circle): Sophomore Junior Score: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

AP Classes Taken \_\_\_\_\_ Will Take \_\_\_\_\_ Total Offered \_\_\_\_\_

High School: \_\_\_\_\_

Extracurricular Activities \_\_\_\_\_

Area of Study/Major \_\_\_\_\_

Colleges of Interest: \_\_\_\_\_

Are You OK with Community College? Yes No Ideal College Location: In State Out of State Public Private

Student's Annual Income: \_\_\_\_\_

<b>Savings</b>	Value	Contribution		Value	Contribution
529 Plans	_____	_____	UGMA	_____	_____
Kids Savings <small>(Grandparent 529, gifts, etc)</small>	_____	_____	Other	_____	_____
PrePaid Plans (#Yrs)	_____	_____			

# Additional Student Information

## Trailing Student Five

Name \_\_\_\_\_ Grad Year \_\_\_\_\_ GPA \_\_\_\_\_ ACT/SAT \_\_\_\_\_ | Tuition \_\_\_\_\_ IB? Y / N

PSAT: Year Taken (circle): Sophomore Junior Score: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

AP Classes Taken \_\_\_\_\_ Will Take \_\_\_\_\_ Total Offered \_\_\_\_\_

High School: \_\_\_\_\_

Extracurricular Activities \_\_\_\_\_

Area of Study/Major \_\_\_\_\_

Colleges of Interest: \_\_\_\_\_

\_\_\_\_\_

Are You OK with Community College? Yes No Ideal College Location: In State Out of State Public Private

Student's Annual Income: \_\_\_\_\_

<b>Savings</b>	Value	Contribution		Value	Contribution
529 Plans	_____	_____	UGMA	_____	_____
Kids Savings <small>(Grandparent 529, gifts, etc)</small>	_____	_____	Other	_____	_____
PrePaid Plans (#Yrs)	_____	_____			

## Trailing Student Six

Name \_\_\_\_\_ Grad Year \_\_\_\_\_ GPA \_\_\_\_\_ ACT/SAT \_\_\_\_\_ | Tuition \_\_\_\_\_ IB? Y / N

PSAT: Year Taken (circle): Sophomore Junior Score: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

AP Classes Taken \_\_\_\_\_ Will Take \_\_\_\_\_ Total Offered \_\_\_\_\_

High School: \_\_\_\_\_

Extracurricular Activities \_\_\_\_\_

Area of Study/Major \_\_\_\_\_

Colleges of Interest: \_\_\_\_\_

\_\_\_\_\_

Are You OK with Community College? Yes No Ideal College Location: In State Out of State Public Private

Student's Annual Income: \_\_\_\_\_

<b>Savings</b>	Value	Contribution		Value	Contribution
529 Plans	_____	_____	UGMA	_____	_____
Kids Savings <small>(Grandparent 529, gifts, etc)</small>	_____	_____	Other	_____	_____
PrePaid Plans (#Yrs)	_____	_____			