



Innovative Solutions with  
**Traditional Values™**

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# DATA GATHERING FORM

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# DATA GATHERING FORM

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# DATA GATHERING FORM

## CLIENT INFORMATION

Client Name:

Date of Birth:

Social Security Number:

U.S. Citizen?  Yes

No

Birthplace:

Home Phone Number:

Mobile Phone Number:

Business Phone Number:

Email Address\*:

\*The email address provided will only be used to send information specific to Becker Financial Services, Inc. and will only be given to third parties with client consent.

Home Address:

City:

State:

Zip:

Mailing Address:  
(if different from Home)

City:

State:

Zip:

Marital Status:

Single

Married: Marriage Date

Widow(er)

Not Married But Together

Separated

Divorced

Spouse/Partner Name:

Date of Birth:

Social Security Number:

U.S. Citizen?  Yes

No

Birthplace:

Mobile Phone Number:

Business Phone Number:

Email Address\*:

\*The email address provided will only be used to send information specific to Becker Financial Services, Inc. and will only be given to third parties with client consent.

What is your state/province of residence and what percent of the year are you there?

What is your tax bracket?

10%

15%

25%

28%

33%

35%



# DATA GATHERING FORM

## MONTHLY INCOME AND EXPENDITURES

Income	You	Spouse	Variable Monthly Expenses	Monthly Amt
Wages, Salary, Tips	\$	\$	Cable TV/Satellite	\$
Interest & Dividends	\$	\$	Electricity	\$
Capital Gains	\$	\$	Garbage	\$
Business/Partnerships	\$	\$	Natural Gas/Oil	\$
Social Security	\$	\$	Phone - Mobile	\$
Pension Income	\$	\$	Phone - Landline	\$
Rent, Royalties	\$	\$	Sewer	\$
Other Income	\$	\$	Water	\$
Total	\$	\$	Outside Services	\$
Total Household Income	\$	\$	Home Decorating	\$
			Home Maintenance/Repair	\$
<b>Fixed Monthly Expenses</b>			<b>Monthly Amt</b>	
Mortgage Payment or Rent			House Supplies	\$
Mortgage – Second Home			Housekeeping	\$
Homeowner’s Association			Food/Groceries	\$
Vehicle Loan #1			Clothing	\$
Vehicle Loan #2			Laundry	\$
Other Loans			Child Care	\$
Credit Cards			Personal Care	\$
Life Insurance			Vehicle Gasoline	\$
Disability Insurance			Vehicle Maintenance	\$
Medical/Dental Insurance			Eating Out	\$
Long-Term Care Insurance			Education Expenses	\$
Homeowner’s Insurance			Entertainment	\$
Vehicle Insurance			Gifts/Donations	\$
Umbrella Liability Insurance			Health/Country Club Dues	\$
Federal Income Taxes			Hobbies	\$
FICA			Other Club/Association Dues	\$
State Income Taxes			Sports Events/Equipment	\$
Property Taxes			Travel/Vacation	\$
Other Taxes			Other Transportation	\$
Savings & Investments			Reimbursed Medical/Dental	\$
Alimony/Support			Internet	\$
Total Fixed Expenses			Miscellaneous	\$
			Total Variable Expenses	\$

Net Cash Flow	
Total Monthly Household Income	\$
Total Fixed Expenses	\$
Total Variable Expenses	\$
Discretionary Income	\$
(Total Income – Total Expenses)	



# DATA GATHERING FORM

## EARNED AND UNEARNED INCOME

<b>Earned Income</b>	<b>You</b>	<b>Spouse</b>	<b>Total Combined</b>
Salary or Draw	\$	\$	\$
Bonus(es)	\$	\$	\$
Share of Profits	\$	\$	\$
Other Earned Income	\$	\$	\$
<b>Total Earned Income</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>
<b>Unearned Income</b>	<b>You</b>	<b>Spouse</b>	<b>Total Combined</b>
Dividends & Interest	\$	\$	\$
Income from Bonus(es)	\$	\$	\$
Pension	\$	\$	\$
Social Security	\$	\$	\$
Consideration as Investments	\$	\$	\$
<b>Total Unearned Income</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

## PERSONAL RESIDENCE

<b>Personal Residence</b>	<b>Amount</b>	<b>Interest Rate</b>
Fair Market Value	\$	
Loan 1	\$	
Loan 2	\$	
<b>Net Value</b>	<b>\$</b>	



# DATA GATHERING FORM

## NET WORTH STATEMENT

Include items you own or you own jointly with someone else. In the ownership column, check "S" if you are the sole owner of the item, "J" if you own the item jointly with someone else, or "CP" if it is a Community Property (property jointly acquired while married).

<b>Assets</b>			
<i>Tangible Property</i>	<i>Value</i>	<i>Ownership</i>	<i>Being Held At</i>
a. Home	\$	<input type="checkbox"/> S <input type="checkbox"/> J <input type="checkbox"/> CP	
b. Second Home	\$	<input type="checkbox"/> S <input type="checkbox"/> J <input type="checkbox"/> CP	
c. Rental Property	\$	<input type="checkbox"/> S <input type="checkbox"/> J <input type="checkbox"/> CP	
d. Vehicles	\$	<input type="checkbox"/> S <input type="checkbox"/> J <input type="checkbox"/> CP	
e. Art, Antiques, Collectibles, Jewelry	\$	<input type="checkbox"/> S <input type="checkbox"/> J <input type="checkbox"/> CP	
f. Other:	\$	<input type="checkbox"/> S <input type="checkbox"/> J <input type="checkbox"/> CP	
<i>Savings and Investments</i>	<i>Value</i>	<i>Ownership</i>	<i>Being Held At</i>
a. Checking and Savings Accounts	\$	<input type="checkbox"/> S <input type="checkbox"/> J <input type="checkbox"/> CP	
b. Money Market Accounts	\$	<input type="checkbox"/> S <input type="checkbox"/> J <input type="checkbox"/> CP	
c. CDs	\$	<input type="checkbox"/> S <input type="checkbox"/> J <input type="checkbox"/> CP	
d. Stocks and Bonds	\$	<input type="checkbox"/> S <input type="checkbox"/> J <input type="checkbox"/> CP	
e. REITs	\$	<input type="checkbox"/> S <input type="checkbox"/> J <input type="checkbox"/> CP	
f. Mutual Funds	\$	<input type="checkbox"/> S <input type="checkbox"/> J <input type="checkbox"/> CP	
g. Educational (529, Educational IRA)	\$	<input type="checkbox"/> S <input type="checkbox"/> J <input type="checkbox"/> CP	
h. Other: (Business Interests, Stock Options, etc.)	\$	<input type="checkbox"/> S <input type="checkbox"/> J <input type="checkbox"/> CP	
<i>Retirement Accounts</i>	<i>Value</i>	<i>Ownership</i>	<i>Being Held At</i>
a. 401(k), 457(b), 403(b) Plans	\$	<input type="checkbox"/> S <input type="checkbox"/> J <input type="checkbox"/> CP	
b. 401(k), 457(b), 403(b) Plans	\$	<input type="checkbox"/> S <input type="checkbox"/> J <input type="checkbox"/> CP	
c. Roth IRA	\$	<input type="checkbox"/> S <input type="checkbox"/> J <input type="checkbox"/> CP	
d. Roth IRA	\$	<input type="checkbox"/> S <input type="checkbox"/> J <input type="checkbox"/> CP	
e. Traditional IRA	\$	<input type="checkbox"/> S <input type="checkbox"/> J <input type="checkbox"/> CP	
f. Traditional IRA	\$	<input type="checkbox"/> S <input type="checkbox"/> J <input type="checkbox"/> CP	
g. SIMPLE IRA	\$	<input type="checkbox"/> S <input type="checkbox"/> J <input type="checkbox"/> CP	
h. SEP IRA	\$	<input type="checkbox"/> S <input type="checkbox"/> J <input type="checkbox"/> CP	
i. Keogh Plan	\$	<input type="checkbox"/> S <input type="checkbox"/> J <input type="checkbox"/> CP	
j. Other:	\$	<input type="checkbox"/> S <input type="checkbox"/> J <input type="checkbox"/> CP	
<b>Total Assets</b>	\$		
<b>Liabilities</b>	<i>Value</i>	<i>Ownership</i>	<i>Being Held At</i>
a. Mortgage	\$	<input type="checkbox"/> S <input type="checkbox"/> J <input type="checkbox"/> CP	
b. Credit Cards	\$	<input type="checkbox"/> S <input type="checkbox"/> J <input type="checkbox"/> CP	
c. Other Liabilities	\$	<input type="checkbox"/> S <input type="checkbox"/> J <input type="checkbox"/> CP	
d. Total Liabilities	\$		
<b>Net Worth</b>	<i>Value</i>		
(Total Assets – Total Liabilities)	\$		





# DATA GATHERING FORM

## SIGNATURE PAGE

By signing below, I acknowledge that I have the choice to divulge my personal information to Becker Financial Services, Inc. Should I choose not to divulge my personal information, I am releasing Becker Financial Services, Inc. of all liability in regards to any recommendations that are made as a result of the limited information obtained from this form.

By checking this box and signing below, I agree to divulge my personal information to Becker Financial Services, Inc. and have subsequently completed the Data Gathering Questionnaire.

By checking this box and signing below, I do not agree to divulge my personal information to Becker Financial Services, Inc. and have not completed the Data Gathering Questionnaire. I understand by not providing Becker Financial Services, Inc. with my personal information that I am relieving Becker Financial Services, Inc. of all liability in regards to any recommendations that are made as a result of the limited information obtained from this form.

\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Becker Financial Services Rep.'s Signature

\_\_\_\_\_  
Date