



Data Collection Checklist

Please provide copies of all the items listed below. The sooner you send in these items, the sooner we can begin creating a plan for you!

- Send Via ENCYRO secure link:
- Completed Interview Questionnaire
- A completed Business Form for each business or investment
- Copy of your most current Personal Income Tax Return
- Copy of your most current Depreciation Schedule for each property currently owned (if applicable)
- Copy of your most current Business Tax Return for each business/investment (if applicable)
- Copy of the most current financial statements for each business/investment (if applicable)

What Services Are You Interested In?
(check all that apply)

Personal Income Tax Return Preparation

Income Tax Reduction Planning

Quarterly Tax Check-Up's

IRS Tax Debt Relief

Business Income Tax Return Preparation

Business Consulting

Financial Statement Bookkeeping

Payroll Services

Audit Assistance

QuickBooks Support

Other: _____

Where Do You Want To Be?

Please circle or highlight your top three priorities.

- | Rank | |
|-------------------------------|---|
| <input type="checkbox"/> ____ | Increase my Net Worth to _____ by (Date) _____ |
| <input type="checkbox"/> ____ | Understand my financial position by (Date) _____ |
| <input type="checkbox"/> ____ | Expand and grow my business by (Date) _____ |
| <input type="checkbox"/> ____ | Develop investment strategies by (Date) _____ |
| <input type="checkbox"/> ____ | Purchase Real Estate (Date) _____ |
| <input type="checkbox"/> ____ | Invest in Stocks, bonds, and mutual funds (Date) _____ |
| <input type="checkbox"/> ____ | Increase my cash flow by (Date) _____ |
| <input type="checkbox"/> ____ | Create _____/month in passive income by (Date) _____ |
| <input type="checkbox"/> ____ | Get out of the "Rat Race" by (Date) _____ |
| <input type="checkbox"/> ____ | Get more organized financially by (Date) _____ |
| <input type="checkbox"/> ____ | Reduce and eliminate bad debt by (Date) _____ |
| <input type="checkbox"/> ____ | Cut my tax bill by (Date) _____ |
| <input type="checkbox"/> ____ | Create an exit strategy for my business by (Date) _____ |
| <input type="checkbox"/> ____ | Acquire or sell a business by (Date) _____ |
| <input type="checkbox"/> ____ | Improve my asset protection plan by (Date) _____ |
| <input type="checkbox"/> ____ | Update my estate plan by (Date) _____ |
| <input type="checkbox"/> ____ | Pay for my children's education by (Date) _____ |
| <input type="checkbox"/> ____ | Retire by (Date) _____ |
| <input type="checkbox"/> ____ | Personal financial planning strategies by (Date) _____ |
| <input type="checkbox"/> ____ | Establish a better financial team by (Date) _____ |
| <input type="checkbox"/> ____ | Other _____ |
| <input type="checkbox"/> ____ | Other _____ |

SPECIFIC QUESTIONS:

What specific tax, business and financial management questions do you have that we can cover during your Tax Strategy Session?

- 1. _____

- 2. _____

- 3. _____

- 4. _____

- 5. _____

- 6. _____

- 7. _____

- 8. _____
