

2B's INC

TAX & FINANCIAL SERVICES
Client Financial Information

The following information is confidential and exclusively for the internal use of 2B's INC Tax & Financial Services and will never be released without your expressed permission. We find this information is helpful in determining what areas of our services will be helpful for each client's individual needs. Each year the federal government makes changes to tax and investing laws that need to be addressed with nearly every client. We will use this information to assess if there is anything new that you need to be aware of. As a tax and financial firm, we have a responsibility to not only provide you with the most accurate tax preparation but to advise you of possible financial situations that could create problems for you now or in the future.

Date: _____

| <u>Taxpayer</u> | <u>Taxpayer's Spouse (If Applicable)</u> |
|----------------------|--|
| Name: _____ | Name: _____ |
| Date of Birth: _____ | Date of Birth: _____ |
| SSN: _____ | SSN: _____ |

Please give a close "Estimate" for the following categories.
Anything owned jointly please list under the Taxpayer column.

| | |
|---|---|
| Total Amount of Savings/CD's: \$ _____ / _____ | Total Amount of Savings/CD's: \$ _____ / _____ |
| Total Amount of Stock: \$ _____ | Total Amount of Stock: \$ _____ |
| Total Amount of Mutual Funds: \$ _____ | Total Amount of Mutual Funds: \$ _____ |
| Total Amount of Current 401k's: \$ _____ <small>(401k refers to any employer sponsored plan)</small> | Total Amount of Current 401k's: \$ _____ <small>(401k refers to any employer sponsored plan)</small> |
| Total Amount of Former 401k's: \$ _____ | Total Amount of Former 401k's: \$ _____ |
| Total Amount of IRA's including ROTH's: \$ _____ | Total Amount of IRA's including ROTH's: \$ _____ |
| Total Amount of Life Insurance: \$ _____ | Total Amount of Life Insurance: \$ _____ |
| Total Annuities or Investments : \$ _____ | Total Annuities or Investments: \$ _____ |

Do You Have:

Health Insurance Coverage: YES NO

Long Term Care Coverage: YES NO

A will: YES NO

A Living Trust: YES NO

Powers of Attorney: YES NO

More Than One Savings Account: YES NO

Are You Retired: YES NO

Do You Have:

Health Insurance Coverage: YES NO

Long Term Care Coverage: YES NO

A will: YES NO

A Living Trust: YES NO

Powers of Attorney: YES NO

More Than One Savings Account: YES NO

Are You Retired: YES NO

Planning to Retire in the Next Ten Years?: YES NO Planning to Retire in the Next Ten Years?: YES NO