



TAX ALTERNATIVE GROUP
TAX STRATEGIES FOR TODAY

COMPREHENSIVE TAX PLANNING

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 to help you keep more of what you earn! Please be sure to let us know if you need your original documents returned, all documents sent in will be kept!

- BY MAIL or EMAIL:
- Completed Tax Questionnaire
- Completed "Where Does Your Money Go?" handout
- 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
- Copy of your most current Business Tax Return for each business/investment
- Copy of the most current financial statements for each business/investment
- Completed Payment Instruction Form (below)
- Signed Professional Services Agreement

PAYMENT INSTRUCTIONS (please select one of the following options)

Credit Card: We accept VISA, MasterCard and American Express. Please provide us with the following:

Card Type: _____ Card Number _____

Exp Date: _____

Security Code (3-digit code on the back of the card – or 4 digit code on front if American Express): _____

Cardholder's name and Billing Address:

I authorize the TAX ALTERNATIVE GROUP LLC to charge my credit card in the amount of \$_____ or
\$_____ in three monthly installments.

Date: _____ Client Signature: _____

Check Money Order/Cashier's check: (drawn on a U.S. bank, payable to TAX ALTERNATIVE GROUP LLC
in the amount of \$_____ .

Tax Strategy Questionnaire

The next step to paying less tax is to complete this questionnaire. It might seem a little intimidating at first, but it has to be long to be as comprehensive as possible. You should find the Questionnaire takes just 15-20 minutes to complete and some of the information will not apply to you. You can skip anything that is not applicable.

Please complete all of the information requested in this package. We will prepare your customized tax strategy after receipt of your complete package.

We will maintain the strictest confidentiality for the information you provide.

PERSONAL INFORMATION:

Name:

Address:

City, State, Zip

Home Phone:

Office Phone:

Cell:

Fax:

Email:

Date of Birth:

WHERE ARE YOU NOW?

PROFILE: Briefly describe you and all family members you help support. Please also describe how you support them and how much you spend on support to each person listed.

<i>Name</i>	<i>Relationship</i>	<i>Age</i>	<i>Occupation</i>	<i>Annual Support</i>

BUSINESSES: Please describe your businesses and investments. In addition, please fill in a business for each business in which you are involved. Help us to prepare the most comprehensive plan possible by filling in the information completely.

<i>Business Name</i>	Business Type (e.g., S-Corp, LLC)	Business Activity	Business Start Date	List business owner(s) and ownership percentage(s)	Current Year Estimated Net Income

Properties: Please describe your properties, using additional sheets if necessary.

<i>Address</i>	Property Type (Condo, SFR, Commercial)	Purchase price plus additional improvements	Purchase Date	Current Value	Current Year Estimated Net Income (Income less expenses)

Please list all retirement accounts and savings including stocks and other investments.

<i>Institution Name</i>	Investment Type (Savings, retirement, stocks, bonds etc)	Total Deposits	Purchase Date (if applicable)	Current Value

Where do you want to be??

As it relates to doing what it takes to achieve your goals, how fast do you want to go?

Slow

Moderate

Fast

Please circle or highlight your top three priorities. Then, please rank all below in order of importance on a scale of 1-5 (1 being most important, 5 least important)

Rank

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

What are your dreams and goals? Please tell us about your specific short and long-term dreams and goals. Please include your target date for achievement.

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

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. _____

9. _____

10. _____

Where Are You Spending Your Money?

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Instructions: Please fill in this worksheet indicating for each of the items listed the average amount you pay in a month. Do not include expenses that you currently deduct in a business. Again, please be as thorough as you can so we can create the best plan possible! If you have this information summarized from a software program like Quicken, feel free to attach reports as a substitute. We will review these expenses during our planning phase to look for possible hidden business deductions.

<i>Auto & Truck Expenses</i>		<i>Entertainment Expenses</i>	
Auto Insurance* (See below)		Computer Games	
Auto Lease		Event Tickets	
Gas/Oil/Tires		Hotel	
Insurance Deduct.		Music	
Payments		Other Games	
Registration		RV	
Repairs		Travel	
Security		Vacations	
TOTAL		Videos	
<i>Charities/Donations</i>		Wine/Liquor	
Church		TOTAL	
Other		<i>Equipment Expenses</i>	
TOTAL		Art/Sculpture	
<i>Children Expenses</i>		Computer	
Child Care		Computer Software	
Child Support		Furniture	
Clothing		Home Entertainment Center	
Education/Tuition		Home Office	

Education Savings		TOTAL	
Private School		<i>Gift Expenses</i>	
Religious Training		Birthday	
Toys		Holiday	
Sports		Weddings/Anniver sary	
Wedding		Other	
TOTAL		TOTAL	
<i>Clothing Expenses</i>		<i>Hobby Expenses</i>	
Altering/Repair		Boat	
Cleaning		Collectibles	
Purchasing		Hobbies/Classes	
	TOTAL	Pet Food	

Where Does It All Go?

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Education Expenses		Pets	
Books & Tapes		Vacation Homes	
Dues & Subscriptions		Vet Bills	
School Loans		TOTAL	
Seminars		* NOTE: Auto Insurance If your business pays for your auto insurance, it would not be listed on this worksheet.	
Travel			
Tuition			
TOTAL			
Housing Expenses		Supply Expenses	
Assessments		Cleaning	
Garden Tools		Home Supplies	
HOA Dues		Laundry	
Home Security		Lawn & Garden	
Insurance		Linen	
Janitorial/Supplies		Office Supplies	
Lawn Services / Snow Removal		Personal Hygiene	
Mortgage		Postage	
Mortgage Insurance		TOTAL	
Pool Service		Taxes	
Rent		Federal	
Repairs/Improvements		Payroll	
		Property	
TOTAL		State	
Legal Expenses		Other	
Wills & Trust		TOTAL	

Other		<i>Utility Expenses</i>	
TOTAL		Telephone	
<i>Miscellaneous Expenses</i>		Cable TV	
Alimony		Cell Phone	
Bank Fees		Utilities	
Gambling		Internet	
TOTAL		TOTAL	

Where Does It All Go?

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<i>Personal Care Expenses</i>	
Hair/Nails	
Personal Items	
TOTAL	
<i>Personal Health Expenses</i>	
Dental Work	
Exercise Equipment	
Glasses/Exam	
Health Club	
Hearing Aids	
Massage	
Medical Co-Pays	
Medical Insurance	
Prescriptions	
Therapy	
Vitamins	
TOTAL	

Business Information Form

Please complete a separate Business Form for each business entity in which you invest. If you have multiple rental properties that are all held personally, you may use a single form to list all of your properties. If you have multiple properties held in multiple entities, use one form per business entity and list each property held by that entity.

Business/Investment Name _____

Type of Business Entity (e.g., S Corp, LLC, LP) _____

State Formed _____

Date Business Started _____

Briefly describe business or investment purpose _____

Name, relationship, and ownership percentage of all business or investment owners

Name: _____ Relationship: _____
Ownership% _____

Name: _____ Relationship: _____
Ownership% _____

Name: _____ Relationship: _____
Ownership% _____

Projected Taxable Income for this year \$ _____

Estimated Net Worth of Business or Investment \$ _____

Please attach a year-to-date profit and loss statement

Professional Services Agreement

I acknowledge and understand that I am retaining Tax Alternative Group LLC for the purposes of a tax reduction strategy. I understand that the firm does not provide legal advice. The firm will not audit the figures provided and will rely on my representations for income, expenses, assets and liabilities in devising a tax strategy and tax plan under current tax law. I understand that tax law is constantly changing and what is true now may not be true in the future, due to tax law changes.

Date: _____ Client Signature: _____

Please return a signed copy of this checklist, along with all materials by US Mail or Fax to:

Tax Alternative Group, LLC
695 Dutchess Turnpike, Suite 202
Poughkeepsie, NY 12603
(845) 242-2151 Office
(855) 309-0281 Fax

