

Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Accounting/Financial**

<b>Bill Payments</b>	<b>Manual check writing? Yes or No</b> <b>Electronic check writing? Yes or No</b> <b>Direct pay? Yes or No</b>
<b>Taxes</b>	<b>Annual filing up to date? Yes or No</b> <b>Pay estimated quarterly taxes? Yes or No</b> <b>Real estate taxes up to date? Yes or No</b> <b>Excise taxes up to date? Yes or No</b>
<b>Contributions</b>	<b>List donations given on an annual basis.</b>
<b>Social Security and Pension Payments</b>	<b>Direct deposits? Yes or No</b> <b>Received by mail? Yes or No</b>
<b>Required Minimum Distribution</b>	<b>Calculated by whom?</b>
<b>Investments</b>	<b>Date of last financial planning meeting to discuss risk tolerance.</b>
<b>Estate and Financial Planning</b>	<b>Date of last financial planning meeting to discuss estate and financial planning.</b>