

BUSINESS & TAX PLANNING SESSION

Next Steps

- During your 45-minute Business and Tax Planning Session, you'll work with your Strategist to design a customized plan tailored to your needs.
- During your session, your strategist will ask about your existing assets and how they are held.
- Reviewing this document will inform you of what information we need so you can be prepared.

Client Information

We will need the name and contact information of the client who contracted with Anderson Advisors in case we have any questions. This includes the client's name, date of birth, contact information, and where the client currently resides. If you have a partner, we will also ask for their information.

PRIMARY CONTACT

First Name: _____

DOB: _____ Citizenship: _____

Primary Phone: _____

Secondary Phone: _____

Email: _____

Address: _____

PARTNER

First Name: _____

DOB: _____ Citizenship: _____

Primary Phone: _____

Secondary Phone: _____

Email: _____

of Children: _____ Age Range: _____

Relationship to primary contact:

☐ Married ☐ Life Partner ☐ Business Partner

Primary Residence: State: _____ Do you plan to refi within 12 months? ☐ Yes ☐ No

2nd Residence: State: _____ Do you plan to refi within 12 months? ☐ Yes ☐ No

Do you have a Will? ☐ Yes ☐ No If yes, when was it created: _____

Do you have a Living Trust? ☐ Yes ☐ No If yes, when was it created: _____

Occupation

We will need to know more about your current occupation and income, and that of your partner. This includes whether you are a business owner, an employee earning W-2 wages, or retired.

PRIMARY CONTACT

Occupation & Wage: (For Client, indicate source as W-2 or 1099.)

PARTNER

Occupation & Wage: (For Client, indicate source as W-2 or 1099.)

Occupation (cont.)

PRIMARY CONTACT	PARTNER
Are you self-employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you self-employed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have employees? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have employees? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you retired? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you retired? <input type="checkbox"/> Yes <input type="checkbox"/> No
Other Income sources: (List source and annual amount.)	Other Income source: (List source and annual amount.)
<div></div> <div></div>	<div></div> <div></div>

Liquid Assets

Liquid assets are low-risk assets held in your name, such as checking accounts, savings, gold, and silver. They are considered “safe” because they aren’t physically accessible and carry minimal liability exposure. As we create your plan, we will want to account for any liability and ensure the safety of your cash accounts.

Checking Accounts: (Value\$)	Other Liquid Assets: (Include asset value and description.)
Saving Accounts: (Value\$)	
Brokerage: (Value\$)	
Retirement Accounts:	
Type	Value \$

Active Business Information

Tell us more about your current investment business. We’ll ask you about the current strategies you’re using, business interests, your current properties, and where they are located. This is part of our risk assessment, evaluating the current assets you hold and the potential liability they create.

CURRENT	FUTURE
Investment Focus: (Mark all that apply.)	Investment Focus: (Mark all that apply.)
<div><input type="checkbox"/> Rental Real Estate</div> <div><input type="checkbox"/> Tax Liens / Deeds</div> <div><input type="checkbox"/> Fix & Flip/ Wholesale</div> <div><input type="checkbox"/> Stock Market</div> <div><input type="checkbox"/> Commercial</div> <div><input type="checkbox"/> Other</div>	<div><input type="checkbox"/> Rental Real Estate</div> <div><input type="checkbox"/> Tax Liens / Deeds</div> <div><input type="checkbox"/> Fix & Flip/ Wholesale</div> <div><input type="checkbox"/> Stock Market</div> <div><input type="checkbox"/> Commercial</div> <div><input type="checkbox"/> Other</div>
<div></div> <div></div>	<div></div> <div></div>

Business Name	Entity Type	Business Purpose	Ownership %	State	# of Employees

Do you currently own investment real estate other than your residence? ☐ Yes ☐ No

If yes, how many properties do you own? _____

Check the states where you own property:

<input type="checkbox"/> Alabama	<input type="checkbox"/> Indiana	<input type="checkbox"/> Nebraska	<input type="checkbox"/> Rhode Island
<input type="checkbox"/> Alaska	<input type="checkbox"/> Iowa	<input type="checkbox"/> Nevada	<input type="checkbox"/> South Carolina
<input type="checkbox"/> Arizona	<input type="checkbox"/> Kansas	<input type="checkbox"/> New Hampshire	<input type="checkbox"/> South Dakota
<input type="checkbox"/> Arkansas	<input type="checkbox"/> Kentucky	<input type="checkbox"/> New Jersey	<input type="checkbox"/> Tennessee
<input type="checkbox"/> California	<input type="checkbox"/> Louisiana	<input type="checkbox"/> New Mexico	<input type="checkbox"/> Texas
<input type="checkbox"/> Colorado	<input type="checkbox"/> Maine	<input type="checkbox"/> New York	<input type="checkbox"/> Utah
<input type="checkbox"/> Connecticut	<input type="checkbox"/> Maryland	<input type="checkbox"/> North Carolina	<input type="checkbox"/> Vermont
<input type="checkbox"/> Delaware	<input type="checkbox"/> Massachusetts	<input type="checkbox"/> North Dakota	<input type="checkbox"/> Virginia
<input type="checkbox"/> Florida	<input type="checkbox"/> Michigan	<input type="checkbox"/> Ohio	<input type="checkbox"/> Washington
<input type="checkbox"/> Georgia	<input type="checkbox"/> Minnesota	<input type="checkbox"/> Oklahoma	<input type="checkbox"/> West Virginia
<input type="checkbox"/> Hawaii	<input type="checkbox"/> Mississippi	<input type="checkbox"/> Oregon	<input type="checkbox"/> Wisconsin
<input type="checkbox"/> Idaho	<input type="checkbox"/> Missouri	<input type="checkbox"/> Pennsylvania	<input type="checkbox"/> Wyoming
<input type="checkbox"/> Illinois	<input type="checkbox"/> Montana		

Other Risk Assets

List any other assets you own that you believe create liability for you:
(Examples: Personal Residence as Airbnb, Boat, etc...)

