



The Road to Financial Success: You Drive We Navigate

Thank you for requesting a consultation. Every effort will be made to make your experience enjoyable and productive. This consultation is being provided to help answer your questions and any concerns you might have. Please call 970-223-0792 or email dave@kevinshawcpa.com with any questions or if you have a scheduling conflict. Completed forms can be emailed, faxed to 970-223-6509 or brought with you to your meeting. Consultations will generally last an hour to an hour and a half. We look forward to meeting with you!

All information, whether written or verbal, is completely and permanently confidential.

Date: _____

CLIENT INFORMATION

Client 1 Full Name _____ Date of Birth _____ Age _____

Client 2 Full Name _____ Date of Birth _____ Age _____

Address _____

City _____ State _____ ZIP _____

2nd Address (if applicable) _____

City _____ State _____ ZIP _____

Client 1

Phone #1 _____ Home Work Cell Phone #2 _____ Home Work Cell

Email _____ Home Work

Client 2

Phone #1 _____ Home Work Cell Phone #2 _____ Home Work Cell

Email _____ Home Work

GOALS & OBJECTIVES

Please select topics that may be of concern for you, or for which you would like additional information.

- | | | |
|---|---|--|
| <input type="checkbox"/> Current Income Needs | <input type="checkbox"/> Future Income Needs | <input type="checkbox"/> Retirement Planning |
| <input type="checkbox"/> Preserving your Portfolio | <input type="checkbox"/> Growing your Portfolio | <input type="checkbox"/> College Planning |
| <input type="checkbox"/> Putting together a Budget | <input type="checkbox"/> Debt Reduction/Consolidation | <input type="checkbox"/> Building an Emergency Fund |
| <input type="checkbox"/> Developing a Savings Plan | <input type="checkbox"/> Impact of Taxes on Investments | <input type="checkbox"/> Tax Efficient Investments |
| <input type="checkbox"/> Life Insurance Concerns | <input type="checkbox"/> Long Term Care Concerns | <input type="checkbox"/> Disability Concerns |
| <input type="checkbox"/> Gifting to Charities | <input type="checkbox"/> Gifting to Family | <input type="checkbox"/> Estate Planning |
| <input type="checkbox"/> Future Purchases | <input type="checkbox"/> Reviewing Company Benefits | <input type="checkbox"/> Roth Conversion Plan |
| <input type="checkbox"/> Start a Retirement Plan
for Your Business | <input type="checkbox"/> Financially Assisting
Aging Parents | <input type="checkbox"/> Mortgage Refinance Comparison |

List your priority topics or any questions you would like to address.

1) _____

2) _____

3) _____

What concerns, challenges or problems have you faced in the past that you would like to discuss?

1) _____

2) _____

3) _____

Do you currently have a working relationship with the following?

- | | | |
|---|------------------------------|-----------------------------|
| <input type="radio"/> Financial Advisor | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="radio"/> CPA/Accountant | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="radio"/> Attorney | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="radio"/> Insurance Agent | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="radio"/> Mortgage Specialist | <input type="checkbox"/> Yes | <input type="checkbox"/> No |