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Member: Illinois Society of Enrolled Agents National Association of Enrolled Agents

Client Review Checklist

Client's Name:	Date:	
Client's Daytime Phone:	Client's Evening Phone:	

Some of the events which occur in our lives affect our financial goals/plans. Please put a checkmark by any of the items below which have changed or occurred since our last review:

Birth/Adoption of a child		Purchased or sold real estate interest in a business	
Interested in funding a child's or gran	dchild's education	Received a large sum of money	
Learned that careful asset positioning can have a sizeable impact on financial aid amounts/eligibility for	can have a	Became concerned about estate: cost/taxes	
		Considered changing insurance beneficiaries	
my child's college costs		Marriage or Divorce	
Became concerned about funding of long-term care for	ong-term care for	Became interested in tax minimization strategies	
self or a relative		Considered a sizeable gift or gifting program	
Employment change		Became interested in a charitable bequest	
Significant change in employee benef	fits	Became concerned about supplementing Social	
Income change		Security Income	
Death, long-term illness or disability	of a close relative	Wanted to obtain a current estimate of potential Social Security benefits	
Retirement (actual or to occur soon)			
Acquired or sold an ownership in:			

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