



Client Data Organizer

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FINANCIAL INFORMATION CHECK LIST

- Real estate information:
 - Address, purchase price and date purchased (Final HUD settlement form)
 - Copies of Final HUD settlement statement from most recent refinance
 - Approximate dollar amount spent on capital improvements since purchased
 - Current mortgage balance and copy of current mortgage statement
 - Line of Credit statement and or second mortgage information, if applicable
 - Copy of any recent appraisals
 - Was gain from prior home owned and sold prior to 1998 rolled into current home? If so, please provide a copy of IRS Form 2119 from your federal income tax return filed the year you sold the prior home.

- Most recent full monthly or quarterly statements for all bank or credit union savings and checking accounts

- All current stock brokerage account full statements (showing cost basis), and any investments you may have (e.g., stock certificates, mutual funds, bonds, limited partnerships, etc.).

- Information on loans payable to/from you from third parties, such as family members or friends

- Copies of any life or disability insurance statements on each spouse; just the **most recent statement detailing the type of policy, benefits, cash value (if applicable), owner & insured and monthly/annual premium amount).**

- Copies of full statements for children's college savings plans or UGMA accounts, or any bank accounts that either of the parents are signor's on.

- Most recent statements for all retirement accounts, including 401(k), 403(b)s, IRAs, pensions, etc.

- Copy of the most recent Social Security earnings & benefits statement for each. If you don't have a current statement, you can create an account and print one from: <http://www.ssa.gov/mystatement/>

- Award letters and detailed vesting schedules for stock options, restricted stock units, employee stock purchases plans, or other types of employee equity compensation plans. Please provide shareholder agreements for stock held in non-public companies.

- Registration statements for cars, recreational vehicles, trucks or boats as well as a description of their features and equipment for **private party blue book value**. Please go to the following website: <http://www.kbb.com> type in the information for each automobile and **print out the private party value with condition noted**. Include it along with the most recent

registration renewal (in glove box) to verify make, model and year and registered owner:

- List of **valuable** personal property such as family heirlooms, art, musical instruments, antiques, collections, memberships, season tickets for sports, theatrical or other events, etc. No need to provide values preliminarily. Let us know if you think you will be able to equitably divide personal property, or if you think a discussion would be helpful.
- List and printouts of accrued airline miles and other affinity points
- List of contents in safety deposit box
- Information on any prepaid cemetery plots and burial arrangements
- If you own a business, the most recent 2 income tax returns, annual profit and loss statements, and most recent balance sheet and current year-to-date profit and loss statements, and any shareholder or partnership agreements.
- Most recent full credit card statements for all cards, even if there is no recent activity
- Documents showing amount due, interest rates and payments for loans, such as car loans, school loans, or personal loans made from third parties
- Copies of W-2 statements filed with each years' tax return as well as the year end pay stub for the prior 3 years
- Most recent three pay stubs for both spouses that show deductions from gross pay and year to date income and withholdings
- Federal individual tax returns for the past three years, and all supporting tax documents for the most recent year filed.
- Detailed credit report for each spouse from one of the 3 credit bureaus. Available at www.annualcreditreport.com free. No score is needed.
- If you have minor children ... Health Care Premium Fact Sheet showing employee cost to cover family members.
- A copy of any community, separate property or pre-nuptial agreements

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Family Information Sheet

WIFE'S BACKGROUND INFORMATION:

Name (First, Middle, Last): _____

Date of Birth: _____ Date of Marriage: _____ Date Separated: _____

Address: _____

City, State Zip: _____, _____

Phone: _____ Cell Phone: _____

Email: _____

HUSBAND'S BACKGROUND INFORMATION:

Name (First, Middle, Last): _____

Date of Birth: _____

Address: _____

City, State Zip: _____, _____

Phone: _____ Cell Phone: _____

Email: _____

CHILDREN

Child's Name	Date of Birth	Custody Husband or Wife (H/W)	Exemption Husband or Wife (H/W)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Assets and Liabilities (cont.)

5. REAL ESTATE:

Basic Info:	1st Property	2nd Property	3rd Property
Address:	_____	_____	_____
	_____	_____	_____
Current Value:	_____	_____	_____
Original Cost:	_____	_____	_____
Title (H, W, J)*:	_____	_____	_____
1st Mortgage:			
Balance:	_____	_____	_____
Interest Rate (%):	_____	_____	_____
Monthly Payment*:	_____	_____	_____
Statement Month/Year:	_____	_____	_____
Who will pay (H/W/Both):	_____	_____	_____
2nd Mortgage:			
Balance:	_____	_____	_____
Interest Rate (%):	_____	_____	_____
Monthly Payment*:	_____	_____	_____
Statement Month/Year:	_____	_____	_____
Who will pay (H/W/Both):	_____	_____	_____

* For monthly payment include interest & principal only, do NOT include taxes or insurance.

* Title (H-Husband, W-Wife, J-Joint)

Income and Expenses

WAGES FOR HUSBAND

Annual wage and salary income, before taxes: _____

NON-WAGE INCOME FOR HUSBAND

Use this sheet to specify income that is not covered on any other sheet.
Specify an amount in whichever column (Week, Month, or Year) is most convenient.

Item	Week	Amount per... Month	Year
Child support from previous relationship.	_____	_____	_____
Alimony from previous relationship.	_____	_____	_____
Unemployment Compensation.	_____	_____	_____
Public Assistance.	_____	_____	_____
Bonuses.	_____	_____	_____
Commissions.	_____	_____	_____
Tips.	_____	_____	_____
Overtime.	_____	_____	_____
Disability Insurance.	_____	_____	_____
Workers' Compensation.	_____	_____	_____
Royalties.	_____	_____	_____
Rent from Spouse.	_____	_____	_____
Deferred Compensation.	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Income and Expenses (cont.)

Detailed Expenses for Husband:

On this data sheet, specify the household, child, and personal expenses of everyday life. The list tries to be comprehensive, but there is no need to fill in every line.

Item	Amount per...		
	Week	Month	Year
Mandatory Deductions			
Mandatory Retirement.	_____	_____	_____
Union Dues.	_____	_____	_____
Other Mandatory.	_____	_____	_____
Household			
Rent.	_____	_____	_____
Condo Fee.	_____	_____	_____
Homeowners' Insurance.	_____	_____	_____
Renters' Insurance.	_____	_____	_____
Real Estate Tax.	_____	_____	_____
Cable TV.	_____	_____	_____
Internet Access.	_____	_____	_____
Phone.	_____	_____	_____
Household Maintenance.	_____	_____	_____
Furniture & Appliance.	_____	_____	_____
Painting/Wallpapering.	_____	_____	_____
Household Supplies.	_____	_____	_____
Maid/Cleaning Service.	_____	_____	_____
Lawn Service.	_____	_____	_____
Snow Removal.	_____	_____	_____
Trash Removal.	_____	_____	_____
Utilities - Electricity.	_____	_____	_____
Utilities - Gas/Propane Heat.	_____	_____	_____

Income and Expenses (cont.)

Item	Week	Amount per... Month	Year
Utilities - Oil Heat.	_____	_____	_____
Utilities - Water/Sewer.	_____	_____	_____
Utilities - Other.	_____	_____	_____
Other Household.	_____	_____	_____
Transportation			
Car Payments.	_____	_____	_____
Car Insurance.	_____	_____	_____
Car Gasoline/Oil.	_____	_____	_____
Car Maintenance and Repair.	_____	_____	_____
Car License/Stickers.	_____	_____	_____
Car Other.	_____	_____	_____
Tolls.	_____	_____	_____
Parking.	_____	_____	_____
Public/Alt. Transportation.	_____	_____	_____
Other Transportation.	_____	_____	_____
Child			
Child Care - Day Care.	_____	_____	_____
Child Care - Sitters.	_____	_____	_____
Child Clothing/School Uniforms.	_____	_____	_____
Child Education Supplies.	_____	_____	_____
Child Education Books/Fees.	_____	_____	_____
Child Education Lunches.	_____	_____	_____
Child Education Transportation.	_____	_____	_____
Child Education Activities.	_____	_____	_____

Income and Expenses (cont.)

Item	Week	Amount per... Month	Year
Child Education Room & Board.	_____	_____	_____
Child Grooming.	_____	_____	_____
Child Groceries.	_____	_____	_____
Child Medical Doctor.	_____	_____	_____
Child Medical Dentist.	_____	_____	_____
Child Medical Optical.	_____	_____	_____
Child Medical Medication.	_____	_____	_____
Child Allowance.	_____	_____	_____
Child Lessons and Supplies.	_____	_____	_____
Child Vacation and Camp.	_____	_____	_____
Child Entertainment.	_____	_____	_____
Child Tutors.	_____	_____	_____
Other Child.	_____	_____	_____
Personal			
Bank Fees.	_____	_____	_____
Cell Phone.	_____	_____	_____
Cigarettes.	_____	_____	_____
Clothes.	_____	_____	_____
Dry Cleaning.	_____	_____	_____
Education for Party.	_____	_____	_____
Charitable.	_____	_____	_____
Church/Synagogue/Mosque etc.	_____	_____	_____
Credit Union (loan).	_____	_____	_____
Deferred Compensation.	_____	_____	_____

Income and Expenses (cont.)

Item	Week	Amount per... Month	Year
Dues/Clubs.	_____	_____	_____
Employment Uniforms.	_____	_____	_____
Employment Unreimbursed Travel.	_____	_____	_____
Employment Unreimbursed Education.	_____	_____	_____
Entertainment.	_____	_____	_____
Food/Groceries.	_____	_____	_____
Gifts.	_____	_____	_____
Hair.	_____	_____	_____
Horseback Riding.	_____	_____	_____
Laundry.	_____	_____	_____
Legal and Accounting.	_____	_____	_____
Liquor, Beer, Wine.	_____	_____	_____
Lottery Tickets.	_____	_____	_____
Manicure/Pedicure.	_____	_____	_____
Personal Property Insurance.	_____	_____	_____
Pets.	_____	_____	_____
Previous Relship Child Support.	_____	_____	_____
Previous Relship Alimony.	_____	_____	_____
Restaurants.	_____	_____	_____
.	_____	_____	_____
Stamps and Stationery.	_____	_____	_____
Sports/Hobbies/Lessons.	_____	_____	_____
Subscriptions, Books.	_____	_____	_____
Tax - Local Income Tax.	_____	_____	_____

Income and Expenses (cont.)

Item	Week	Amount per... Month	Year
Therapist/Counselor.	_____	_____	_____
Toiletries/Grooming/Drug Store.	_____	_____	_____
Travel.	_____	_____	_____
Vacations.	_____	_____	_____
Voluntary Retirement.	_____	_____	_____
Other Personal.	_____	_____	_____
Health and Medical			
Health Insurance.	_____	_____	_____
Dental Insurance.	_____	_____	_____
Disability Insurance.	_____	_____	_____
Medical/Doctor.	_____	_____	_____
Dental.	_____	_____	_____
Drug & Prescription.	_____	_____	_____
Optical.	_____	_____	_____
Orthodontist.	_____	_____	_____
Other Health.	_____	_____	_____
Other			
_____.	_____	_____	_____
_____.	_____	_____	_____
_____.	_____	_____	_____
_____.	_____	_____	_____
_____.	_____	_____	_____
_____.	_____	_____	_____
_____.	_____	_____	_____

Income and Expenses (cont.)

WAGES FOR WIFE

Annual wage and salary income, before taxes: _____

NON-WAGE INCOME FOR WIFE

Use this sheet to specify income that is not covered on any other sheet.
Specify an amount in whichever column (Week, Month, or Year) is most convenient.

Item	Week	Amount per... Month	Year
Child support from previous relationship.	_____	_____	_____
Alimony from previous relationship.	_____	_____	_____
Unemployment Compensation.	_____	_____	_____
Public Assistance.	_____	_____	_____
Bonuses.	_____	_____	_____
Commissions.	_____	_____	_____
Tips.	_____	_____	_____
Overtime.	_____	_____	_____
Disability Insurance.	_____	_____	_____
Workers' Compensation.	_____	_____	_____
Royalties.	_____	_____	_____
Rent from Spouse.	_____	_____	_____
Deferred Compensation.	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Income and Expenses (cont.)

Detailed Expenses for Wife:

On this data sheet, specify the household, child, and personal expenses of everyday life. The list tries to be comprehensive, but there is no need to fill in every line.

Item	Week	Amount per... Month	Year
Mandatory Deductions			
Mandatory Retirement.	_____	_____	_____
Union Dues.	_____	_____	_____
Other Mandatory.	_____	_____	_____
Household			
Rent.	_____	_____	_____
Condo Fee.	_____	_____	_____
Homeowners' Insurance.	_____	_____	_____
Renters' Insurance.	_____	_____	_____
Real Estate Tax.	_____	_____	_____
Cable TV.	_____	_____	_____
Internet Access.	_____	_____	_____
Phone.	_____	_____	_____
Household Maintenance.	_____	_____	_____
Furniture & Appliance.	_____	_____	_____
Painting/Wallpapering.	_____	_____	_____
Household Supplies.	_____	_____	_____
Maid/Cleaning Service.	_____	_____	_____
Lawn Service.	_____	_____	_____
Snow Removal.	_____	_____	_____
Trash Removal.	_____	_____	_____
Utilities - Electricity.	_____	_____	_____
Utilities - Gas/Propane Heat.	_____	_____	_____

Income and Expenses (cont.)

Item	Week	Amount per... Month	Year
Utilities - Oil Heat.	_____	_____	_____
Utilities - Water/Sewer.	_____	_____	_____
Utilities - Other.	_____	_____	_____
Other Household.	_____	_____	_____
Transportation			
Car Payments.	_____	_____	_____
Car Insurance.	_____	_____	_____
Car Gasoline/Oil.	_____	_____	_____
Car Maintenance and Repair.	_____	_____	_____
Car License/Stickers.	_____	_____	_____
Car Other.	_____	_____	_____
Tolls.	_____	_____	_____
Parking.	_____	_____	_____
Public/Alt. Transportation.	_____	_____	_____
Other Transportation.	_____	_____	_____
Child			
Child Care - Day Care.	_____	_____	_____
Child Care - Sitters.	_____	_____	_____
Child Clothing/School Uniforms.	_____	_____	_____
Child Education Supplies.	_____	_____	_____
Child Education Books/Fees.	_____	_____	_____
Child Education Lunches.	_____	_____	_____
Child Education Transportation.	_____	_____	_____
Child Education Activities.	_____	_____	_____

Income and Expenses (cont.)

Item	Week	Amount per... Month	Year
Child Education Room & Board.	_____	_____	_____
Child Grooming.	_____	_____	_____
Child Groceries.	_____	_____	_____
Child Medical Doctor.	_____	_____	_____
Child Medical Dentist.	_____	_____	_____
Child Medical Optical.	_____	_____	_____
Child Medical Medication.	_____	_____	_____
Child Allowance.	_____	_____	_____
Child Lessons and Supplies.	_____	_____	_____
Child Vacation and Camp.	_____	_____	_____
Child Entertainment.	_____	_____	_____
Child Tutors.	_____	_____	_____
Other Child.	_____	_____	_____
Personal			
Bank Fees.	_____	_____	_____
Cell Phone.	_____	_____	_____
Cigarettes.	_____	_____	_____
Clothes.	_____	_____	_____
Dry Cleaning.	_____	_____	_____
Education for Party.	_____	_____	_____
Charitable.	_____	_____	_____
Church/Synagogue/Mosque etc.	_____	_____	_____
Credit Union (loan).	_____	_____	_____
Deferred Compensation.	_____	_____	_____

Income and Expenses (cont.)

Item	Week	Amount per... Month	Year
Dues/Clubs.	_____	_____	_____
Employment Uniforms.	_____	_____	_____
Employment Unreimbursed Travel.	_____	_____	_____
Employment Unreimbursed Education.	_____	_____	_____
Entertainment.	_____	_____	_____
Food/Groceries.	_____	_____	_____
Gifts.	_____	_____	_____
Hair.	_____	_____	_____
Horseback Riding.	_____	_____	_____
Laundry.	_____	_____	_____
Legal and Accounting.	_____	_____	_____
Liquor, Beer, Wine.	_____	_____	_____
Lottery Tickets.	_____	_____	_____
Manicure/Pedicure.	_____	_____	_____
Personal Property Insurance.	_____	_____	_____
Pets.	_____	_____	_____
Previous Relship Child Support.	_____	_____	_____
Previous Relship Alimony.	_____	_____	_____
Restaurants.	_____	_____	_____
.	_____	_____	_____
Stamps and Stationery.	_____	_____	_____
Sports/Hobbies/Lessons.	_____	_____	_____
Subscriptions, Books.	_____	_____	_____
Tax - Local Income Tax.	_____	_____	_____

Income and Expenses (cont.)

Item	Week	Amount per... Month	Year
Therapist/Counselor.	_____	_____	_____
Toiletries/Grooming/Drug Store.	_____	_____	_____
Travel.	_____	_____	_____
Vacations.	_____	_____	_____
Voluntary Retirement.	_____	_____	_____
Other Personal.	_____	_____	_____
Health and Medical			
Health Insurance.	_____	_____	_____
Dental Insurance.	_____	_____	_____
Disability Insurance.	_____	_____	_____
Medical/Doctor.	_____	_____	_____
Dental.	_____	_____	_____
Drug & Prescription.	_____	_____	_____
Optical.	_____	_____	_____
Orthodontist.	_____	_____	_____
Other Health.	_____	_____	_____
Other			
_____.	_____	_____	_____
_____.	_____	_____	_____
_____.	_____	_____	_____
_____.	_____	_____	_____
_____.	_____	_____	_____
_____.	_____	_____	_____
_____.	_____	_____	_____