

Taxes in Retirement

May 15th 6:30 PM
Main Street Community Center
Kingsland, NY 12345

Name				
Address				
City			State	Zip
Phone 1	<input type="checkbox"/> HOME	Phone 2	<input type="checkbox"/> HOME	
	<input type="checkbox"/> WORK		<input type="checkbox"/> WORK	
	<input type="checkbox"/> CELL		<input type="checkbox"/> CELL	
Email				

Workshop Evaluation	Excellent	Very Good	Fair	Not Great	Poor
Value of Information	5	4	3	2	1
Clarity of Presentation	5	4	3	2	1
Additional Comments or Questions	_____				

Main Interests	Major Concern	Minor Concern	Not Concerned
Reducing taxes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Planning for retirement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maximizing retirement income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Investment strategies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Estate planning ideas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Charitable giving ideas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inflation hedging ideas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reducing investment risk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maximizing Social Security	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Would you like to schedule a 15-minute "Mini-Consultation?"

YES NO MAYBE

Would you like to schedule a "R.T.E." Retirement Tax Evaluation

YES NO MAYBE



If you have a day or time preference, please check it below. We will contact you to confirm the final date and time.

	Mon	Tue	Wed	Thu	Fri
Morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thank you!