

## Confidential Business Data

Business Name:

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Address:

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Date Business Started: \_\_\_\_\_ Total Employees \_\_\_\_\_

\_\_\_\_\_ Sole Proprietor      \_\_\_\_\_ Partnership      \_\_\_\_\_ LLC

Business Type:

\_\_\_\_\_ C Corporation      \_\_\_\_\_ S Corporation      \_\_\_\_\_ FLP

Nature of Business: \_\_\_\_\_

Business Cash Flow:      \_\_\_\_\_ Stable      \_\_\_\_\_ Unstable      \_\_\_\_\_ Seasonal

Is there a written agreement among the business owners to sell business interests in the event of an untimely death? If yes, how is it funded? \_\_\_\_\_

When was the last time the agreement was updated? \_\_\_\_\_

If no, what do you wish to happen to your business interest in the event of your death? \_\_\_\_\_

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Will the business be retained in the family? \_\_\_\_\_ By Whom? \_\_\_\_\_

Do you have any other children not involved in the business? \_\_\_\_\_

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What do you wish to happen to the business when you retire? \_\_\_\_\_

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Business Valuation: Estimated Value of Business: \_\_\_\_\_

Book Value: \_\_\_\_\_

Method of Accounting: Cash \_\_\_\_\_ Accrual: \_\_\_\_\_

Gross Sales: \_\_\_\_\_ Taxable Income: \_\_\_\_\_

Earnings & Profits: Average Net Profit(pre-tax)for last 5 years: \_\_\_\_\_

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Ownership Detail:

	Owners Name & Title	Date of Birth	Smoker?	Annual Income	%Ownership
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____

Have you installed a qualified retirement plan? \_\_\_\_\_

Pension/Profit Sharing:    \_\_\_\_\_ Defined Benefit    \_\_\_\_\_ Money Purchase    \_\_\_\_\_ 401K  
    \_\_\_\_\_ Profit Share                    \_\_\_\_\_ ESOP                                    \_\_\_\_\_ Other

Details: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Have you adopted any plans for selected employees? If so, whom?

Details: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Business Owned Life Insurance:

Insured: \_\_\_\_\_ Policy Date: \_\_\_\_\_  
 Annual Premium: \_\_\_\_\_ Beneficiary: \_\_\_\_\_  
 Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_  
 Purpose of Coverage: \_\_\_\_\_

Are there key employees whom without your business would suffer financially? i.e., top sales people or key managers?

Details: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

What three areas of business planning do you think I could help you with the most?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_