

Confidential Business Factfinder

Client Name



Confidential Questionnaire

General Information			
Business Name: _____			
Address: _____			
City: _____		State: _____	Zip: _____
Phone: _____	Fax: _____	Cell: _____	
E-Mail: _____		Web Page: _____	
Business Type:			
<input type="checkbox"/> Sole Proprietorship		<input type="checkbox"/> Partnership	
<input type="checkbox"/> Corporation		Date Incorporated: _____	
<input type="checkbox"/> C-Corp.		<input type="checkbox"/> S-Corp.	<input type="checkbox"/> Professional <input type="checkbox"/> Non-Profit
Nature of Business: _____			

Business Income Tax Bracket: _____ %			
Professional Advisors:			
Accountant: _____			

Attorney: _____			

Ownership Detail

Owner's Name	Title	Birth Date	Smoker	Annual Income	Ownership %
1.			<input type="checkbox"/> Yes <input type="checkbox"/> No		
2.					
3.					
4.					

Valuation Detail

Assets & Liability

Book Value of Assets (cost minus accumulated depreciation):	\$
Estimated Fair market Value of Assets:	\$
Total Liabilities:	\$
Rate of Return on Assets (5% - 15%):	%

Earnings & Profits

Average Net Profit (pre-tax) for last 5 Years:	\$
Reasonable Rate of Capitalization (10% - 30%):	%

Appraisals/Valuations

Has your business been valued? <input type="checkbox"/> Yes <input type="checkbox"/> No
Amount? \$
When?
Method?
<input type="checkbox"/> Book Value <input type="checkbox"/> Formula
<input type="checkbox"/> Appraisal <input type="checkbox"/> Agreed Value

Buy/Sell Agreement

What is the lowest price you would accept for business interest? \$ _____

What is the highest price you would pay for your partner(s) interest? \$ _____

Do you want your business interest retained or sold if you:

Retire?

Die?

Become Disabled?

If retained, for whom? _____

If sold, to whom? _____

Do you have a Buy/Sell Agreement in force? **YES** **NO**

Type: **Stock Redemption** **Cross Purchase**

Is the buy/sell funded? ? **YES** **NO**

How? _____

How was the value of the business determined? (Book Value, Formula, etc.)

Key Employees

Name	Title	Birth Date	Smoker (Y/N)	Annual Income
1.			<input type="checkbox"/> YES <input type="checkbox"/> NO	
2.			<input type="checkbox"/> YES <input type="checkbox"/> NO	
3.			<input type="checkbox"/> YES <input type="checkbox"/> NO	
4.			<input type="checkbox"/> YES <input type="checkbox"/> NO	

Would the profitability of the business be impaired upon the death or disability of one of these key employees? **YES** **NO**

Whom? _____

Key Employees (Continued)

Have you made provisions to offset such a loss? YES NO

How? _____

Do you provide special benefits for these key people as an incentive to stay with your business? YES NO

What? _____

Benefits

Group

- | | |
|---|--|
| <input type="checkbox"/> Major Medical | <input type="checkbox"/> Long Term Disability |
| <input type="checkbox"/> Dental | <input type="checkbox"/> Short Term Disability |
| <input type="checkbox"/> Life Insurance | <input type="checkbox"/> Medical Reimbursement |
| <input type="checkbox"/> Dependent Life | <input type="checkbox"/> Cancer |
| | <input type="checkbox"/> Critical Illness |

Retirement

1. Qualified Plans

- | | |
|--|--|
| <input type="checkbox"/> Defined Benefit/Pension | <input type="checkbox"/> Simplified Employee Pension (SEP) |
| <input type="checkbox"/> Profit Sharing | <input type="checkbox"/> HR – 10 |
| <input type="checkbox"/> Thrift Plan | <input type="checkbox"/> 401(k) |

2. Non-Qualified Plans

- | | |
|--|--|
| <input type="checkbox"/> Deferred Compensation | <input type="checkbox"/> Salary Continuation |
|--|--|

Executive

- | | |
|---|--|
| <input type="checkbox"/> Split Dollar | <input type="checkbox"/> Group Carve-Out |
| <input type="checkbox"/> Executive Bonus
(Section 162) | |

Benefits (Continued)

Are your benefit plans reviewed on an annual basis? YES NO

Would you be interested in tailoring a separate benefit package for your key employees? YES NO

Who is responsible for choosing your benefit program?

Which type of benefits would the company prefer?

Income Tax Deductible

Cost Recoverable

Are there any particular benefit options (retirement, group, executive) that you would like to explore further? _____

Business Life Insurance

Insured	Owner	Beneficiary	Death Benefit	Plan Type (Split \$, etc.)