



Business Financial Checkup



Business Information

Your Name _____

Business Name _____

Your Title _____

Date of Birth _____

Business Address _____

Business Phone _____

E-mail Address _____

Form of Business

- | | |
|---|---|
| <input type="checkbox"/> Sub S Corporation | <input type="checkbox"/> Sole Proprietorship |
| <input type="checkbox"/> C Corporation | <input type="checkbox"/> Partnership |
| <input type="checkbox"/> Professional Corporation | <input type="checkbox"/> Professional Partnership |
| <input type="checkbox"/> Other _____ | |

Year Business Started _____

Year You Started _____

Percentage of Business Owned or Controlled by You _____ %
By Others

_____ %

_____ %

_____ %

_____ %

Which of Your Employees are Critical to the Success
of Your Business?

Name _____ Title _____

Name _____ Title _____

Name _____ Title _____

Future Planning

Please check all applicable items

In the near future I expect to

Business

- Borrow money
- Purchase property
- Hire key people
- Pay off a loan
- Take in a new partner
- Change employee benefits
- Purchase insurance
- Sell business interest

Personal

- Have a child
- Adopt a child
- Improve home
- Buy a home
- Care for parent
- Change marital status
- Inherit assets
- Retire

I am Interested in Discussing

Please check those items of current interest to you

- Tax-favored financial products
- Ways to reduce estate taxes and expenses
- Ways for the company to pay my death taxes
- Ways to provide income for retirement
- Ways to provide for my family in the event of death
- Ways for the company to pay for personal insurance
- A review of existing insurance
- Ways to retain key people
- Ways to reduce employee benefit costs
- Insurance on children/grandchildren
- Other (specify)

Overall Planning

Please check appropriate column

- | | Yes | No | Don't Know |
|---|--------------------------|--------------------------|--------------------------|
| 1. I participate in a pension/profit sharing plan | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. I have checked my Social Security benefits in the past 12 months | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I have a current will | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. I have appointed a guardian for my children | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. I utilize a trust in my estate plan | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. I have a safe deposit box | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. I keep my important papers in a safe place | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. My family knows the location of my important papers | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. The executor of my estate is familiar with my estate plan | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. I do a good job managing my income/expense flow | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. I am in good health and have had no difficulty purchasing insurance | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. My spouse/partner participates in planning our financial affairs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Business Planning

Please check appropriate column

- | | High Concern | Moderate Concern | No Concern | Not Applicable |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Planning for the disposition of my business at my disability, death, or retirement is of | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Providing for the payment of my death taxes and expenses is of | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Providing income to key people in the event of disability is of | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Providing retirement income to key people is of | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Buying out partners in the event of their disability, death, or retirement is of | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Providing for the loss of profits due to the death of key people is of | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Placing "Golden Handcuffs" on key people is of | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Minimizing the cost of employee benefits is of | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Optimizing personal benefits on a tax-favored basis is of | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Selling my business before retirement is of | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

I have implemented

- An Insured Buy/Sell Agreement
- Key Person Insurance
- A Retirement or Profit Sharing Plan
- Group Insurance

Business Financial Information

Please check all applicable boxes

Income of the Business in a Typical Year

(after owner compensation)

- Under \$50,000
- \$50,000 - \$100,000
- \$100,000 - \$200,000
- \$200,000 - \$350,000
- Over \$350,000

Approximate Market Value of Business

- Under \$200,000
- \$200,000 - \$500,000
- \$500,000 - \$1,000,000
- \$1,000,000 - \$2,000,000
- \$2,000,000 - \$5,000,000
- Over \$5,000,000

Personal Financial Information

Earned Income

- Under \$50,000
- \$50,000 - \$100,000
- \$100,000 - \$150,000
- \$150,000 - \$250,000
- Over \$250,000

Income from Investments

- None
- Under \$50,000
- Over \$50,000

Spouse's/Partner's Income

- None
- Under \$50,000
- \$50,000 - \$100,000
- \$100,000 - \$150,000
- \$150,000 - \$250,000
- Over \$250,000

Total Assets

(Excluding value of business interest)

- Under \$100,000
- \$100,000 - \$250,000
- \$250,000 - \$500,000
- \$500,000 - \$1,000,000
- Over \$1,000,000

Total Liabilities

(Excluding business liabilities)

- Under \$100,000
- \$100,000 - \$250,000
- \$250,000 - \$500,000
- \$500,000 - \$1,000,000
- Over \$1,000,000

Insurance on You

Life

Personal (including group) \$ _____

Business \$ _____

Disability \$ _____

Long-term Care \$ _____

Personal Investments (other than business)

- Savings or CDs
- Money Market Funds
- Mutual Funds
- Real Estate
- Life Insurance Cash Value
- Stocks and Bonds
- U. S. Government Securities
- IRAs
- 401(k) or Salary Saving
- Pension/Profit Sharing
- Other (specify) _____

Risk Profile

Please check one

- I prefer to take almost no financial risk.
- I am willing to take average risks in order to improve potential rates of return.
- I am willing to take substantial risks in order to increase potential rates of return.