



BUSINESS PLAN INFORMATION FORM

The following pages have been compiled for use as a guide in the assembly of the documents and information necessary to complete a review the financial condition of a small business or professional practice.

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DOCUMENT LIST

The first step in the financial planning process is the compilation of information that describes and documents the total financial wherewithal of the person[s] for whom a plan is to be developed. In addition to this questionnaire, the following list specifies other forms of reference that are relevant to the planning process. Please indicate which of the items listed will be provided for our use in our work.

- Copies of income tax returns for the last three years.
- Copies of business buy-sell agreements covering assets included or to be included in the financial program.
- Life Insurance policies: [Names of insured[s] and number of contracts.]
- Health Insurance policies: [Names of insured[s] and number of contracts.]
- Disability Insurance policies: [Names of insured[s] and number of contracts.]
- Recent statements for all bank, investment, retirement, etc. accounts: [List of enclosures.]
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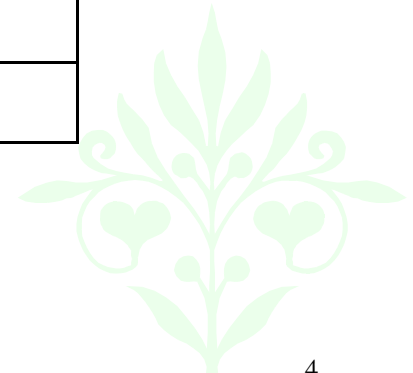
BUSINESS STRUCTURE

Sole Proprietorship Partnership Sub-chapter S Corp. Corporation

Business Name _____ **Tax I.D. Number** _____

If other than a sole proprietorship and co-owners should be recognized in the planning process, please specify:

Name	% of Ownership	Relationship [if any]



EVALUATION

What is a conservative, current estimation of the present market value of this business? _____

What is the present net worth of the business:

Assets:

Checking Account

Accounts Receivable

Building

Other

Total

Liabilities:

Total

If dissolution of the business became necessary, would the above referenced values be 'collectible'? Yes No

If no, which ones would decrease and by how much?

What implications does this have for the business continuing as a 'going concern'?



DISPOSITION OF INTEREST(S)

What would happen to this business in the event of a long term disability of one or more of the current leadership/management team?

Would the business be retained by heirs of the present owners or sold or dissolved?

Does the organization have a Buy-Sell or Stock Redemption Agreement? Yes No

If so, what is the purchase price? \$ _____ Is there an escalation clause [to provide for increasing values]? Yes No

If so, is the agreement funded? Yes No If so, with what? _____

In what amount? _____?

Please give an estimate of what the liquidation value of the business might be. _____

If the business is not incorporated, has incorporation ever been considered? Yes No If so, please explain:



BENEFITS

Which of the following fringe benefit programs are in place?:

- | | | | |
|-------------------------------|--------------------------|------------------------|--------------------------|
| Pension Plan | <input type="checkbox"/> | Group Life Insurance | <input type="checkbox"/> |
| Profit Sharing Plan * | <input type="checkbox"/> | Group Health Insurance | <input type="checkbox"/> |
| Thrift or Salary Savings Plan | <input type="checkbox"/> | Group Disability Plan | <input type="checkbox"/> |
| Deferred Compensation Plan * | <input type="checkbox"/> | | <input type="checkbox"/> |

* Only apply to corporations.

Are there fringe benefit programs that you are either considering or wish to examine?

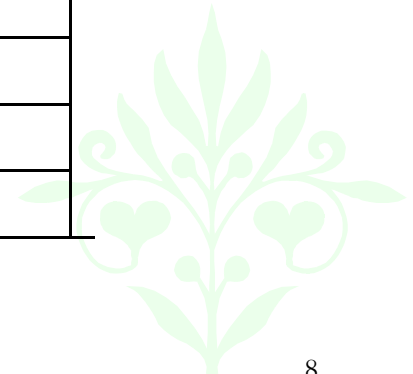


EMPLOYEE INFORMATION

Complete for Employee Benefit Plan Proposals

Name	Sex	Date of Birth	Employment Date	[F] Full time or [P] Part time	Annual Compensation
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If additional space is required, please duplicate this page as many times as necessary.



RETIREMENT PROGRAM STATUS

Are you satisfied with your retirement programs? Yes No

Would you like to see an analysis of the performance of the retirement plan options for your program vs. standard investment industry measures?

If you are open to examining retirement plan alternatives, please explain how and why your retirement planning comes to take its current form: _____

