

Business Financial Planning

Data Questionnaire

Provided By: KJH Financial Services

BUSINESS INFORMATION

Full Legal Name of Business _____

Address _____

Phone Number _____

Fax Number _____

Principal Business Activities _____

Employer Identification Number _____

Form of Business Entity

- | | | | |
|-------|--------------------------|-------|---------------------------|
| _____ | Sole Proprietorship | _____ | Non-Profit Organization |
| _____ | General Partnership | _____ | Professional Corporation |
| _____ | Limited Partnership | _____ | Limited Liability Company |
| _____ | C Corporation | _____ | Other |
| _____ | Subchapter S Corporation | | |

Accounting Basis: Cash _____ Accrual _____

Date Business Began _____

Date of Incorporation _____

State of Incorporation _____

Fiscal Year Ends _____

Related Corporations or Entities (Names, nature of enterprises, relationship of enterprises)

Capitalization

	<u>Number of</u> <u>Common Shares</u>	<u>Voting</u>	<u>Number of</u> <u>Preferred Shares</u>	<u>Voting</u>	<u>Other</u>	<u>Voting</u>
Outstanding	_____	Y N _____	_____	Y N _____	_____	_____
Authorized	_____	_____	_____	_____	_____	_____
Dividend Rate	_____	_____	_____	_____	_____	_____

DISTRIBUTION OF OWNERSHIP

<u>Name of Owner</u>	<u>Birthdate</u>	<u>Date Employed</u>	<u>Employment Agreement</u>	<u>Position</u>	<u>Salary</u>	<u>Bonus</u>	<u>Currently Active</u>
_____	_____	_____	Y N	_____	\$ _____	\$ _____	Y N
_____	_____	_____	Y N	_____	\$ _____	\$ _____	Y N
_____	_____	_____	Y N	_____	\$ _____	\$ _____	Y N
_____	_____	_____	Y N	_____	\$ _____	\$ _____	Y N
_____	_____	_____	Y N	_____	\$ _____	\$ _____	Y N

<u>Name of Owner</u>	<u>Common</u>			<u>Preferred</u>			<u>Other</u>		
	<u>Number of Shares</u>	<u>Purchase Date</u>	<u>Cost</u>	<u>Number of Shares</u>	<u>Purchase Date</u>	<u>Cost</u>	<u>Number of Shares</u>	<u>Purchase Date</u>	<u>Cost</u>
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

OTHER KEY EMPLOYEES

<u>Name</u>	<u>Birthdate</u>	<u>Date Employed</u>	<u>Employment Agreement</u>	<u>Position</u>	<u>Salary</u>	<u>Bonus</u>
_____	_____	_____	Y N	_____	_____	_____
_____	_____	_____	Y N	_____	_____	_____
_____	_____	_____	Y N	_____	_____	_____
_____	_____	_____	Y N	_____	_____	_____
_____	_____	_____	Y N	_____	_____	_____
_____	_____	_____	Y N	Personnel Mgr.	_____	_____
_____	_____	_____	Y N	Controller	_____	_____

LOANS

(Complete one page for each loan. Do not include credit cards.)

Asset Description (If applicable) _____

Borrower(s) (Is loan personally guaranteed by anyone? If so, whom?) _____

Type of Loan (Plant & Equipment, Lines of Credit, etc.) _____

Balance Outstanding \$ _____

Last Annual Reset Balance Date _____

(Variable Rate Only)

Original Amount Borrowed \$ _____

Minimum Payment \$ _____
(If mortgage, exclude taxes and insurance)

Actual Payment \$ _____

Frequency of Payment _____

Date of 1st Payment _____

Issue Date _____

Maturity Date _____

Current Interest Rate _____

Institution (Bank, S&L, etc.) _____

Address _____

Phone _____

Loan Account No. _____

Comments _____

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FUTURE BUSINESS PLANS

Where is the business going?

Are there any plans to go public?

If so, when? _____

Are there any material acquisitions or dispositions anticipated in the next few years?

Are there any new product lines or services, which will be provided and will change your profit structure?

Will there be any material capital requirements in the next few years?

Have you formally put together a business plan?

If so, for how long of a period? _____

What is your anticipated rate of growth in sales profits?

What are the most important factors in making your business successful?

How many additional employees do you anticipate adding and in what areas of the business?

Are any of your employees unionized? Give details.

FUTURE BUSINESS (cont.)

Is there any current attempt by your employees to become unionized? Give details.

What has been the company's policy concerning salary increases, bonuses and employee fringe benefits?

What has been your rate of employee turnover?

Do you presently have an accumulated earnings tax problem? (C Corporations Only)

Do you have any loss carry forwards available?

Is any property owned by the shareholders being leased to the business?

Have any reorganization plans been implemented or are about to be implemented because of the planned retirement, death, disability, divorce, bankruptcy, or estate tax problems of one of the owners?

BUSINESS CONTINUATION

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

<u>Owner</u>	<u>Insurable</u>	<u>Retire?</u>	<u>Become Disabled?</u>	<u>Die?</u>	<u>Other?</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

If the business interest is retained, who will end up with each owner's interest and how will they acquire it? Also, who will replace you in your job?

<u>Owner</u>	<u>New Owner of Interest</u>	<u>Method of Acquisition</u>	<u>Replacement</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If sold, list the purchaser, purchase price and funding arrangement.

<u>Owner</u>	<u>Purchaser</u>	<u>Price</u>	<u>Funding Arrangement</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

BUSINESS CONTINUATION (cont.)

Is there Key person insurance on all key owners and employees?

Estimate the lowest price for which the entire business might be sold as a going concern today.

What would you sell your interest for?

Does a buy-sell agreement exist?

If a buy-sell agreement does not exist, how do you intend to dispose of your interest?

Type of agreement: (Circle One)	Cross Purchase
	Stock Redemption/Entity Purchase
	Combination

Method for determining value: (Circle One)	Book Value	\$ _____
	Earnings Multiple	\$ _____
	Appraisal	\$ _____
	Agreed Value	\$ _____
	Other	\$ _____

How is the agreement funded and for what amount?

Will the business have to be liquidated upon your death?

Have you purchased disability overhead insurance?

EMPLOYEE BENEFITS

Department Head: _____

Phone: _____

Does your company provide any of the following?

<u>Benefit</u>	<u>Employees Covered</u>	<u>Details</u>
Group Term Insurance	_____	_____
Split Dollar Insurance	_____	_____
Accident Insurance	_____	_____
Medical Insurance	_____	_____
Medical Reimbursement	_____	_____
Dental Care	_____	_____
Vision Care	_____	_____
Sick Pay Plan	_____	_____
Long-Term Disability Insurance	_____	_____
Company Car or Van	_____	_____
Club Memberships	_____	_____
Educational Reimbursement Plan	_____	_____
Group Legal Service Plan	_____	_____
Financial Planning Services	_____	_____
Child or Dependent Care Assistance	_____	_____
Other:	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you established a Cafeteria Benefits Plan?

RETIREMENT PLANS

<u>Benefit</u>	<u>Employees Covered</u>	<u>Details</u>
Pension Plan	_____	_____
Profit-Sharing Plan	_____	_____
SEP	_____	_____
SAPSEP	_____	_____
401(k) Plan	_____	_____
401(a) Savings Plan	_____	_____
Employee Stock Ownership Plan (ESOP)	_____	_____
Non-Qualified Deferred Compensation Plan	_____	_____
Incentive Stock Options	_____	_____
Non-Qualified Stock Options	_____	_____
Stock Appreciation Rights	_____	_____
Performance Units	_____	_____
Employee Stock Purchase Plan	_____	_____
Stock Bonus Plan	_____	_____
Restricted Stock Plan	_____	_____
Phantom Stock Plan	_____	_____
Formula Price Shares	_____	_____
Salary Continuation After Death	_____	_____

ADVISOR QUESTIONNAIRE

	<u>Name</u>	<u>Firm & Address</u>	<u>Phone/Fax Number</u>
ACCOUNTANT	_____	_____	_____
	_____	_____	_____
		_____	_____
		_____	_____
RETIREMENT PLAN ADMINISTRATOR/ACTUARY (if you own a business)	_____	_____	_____
	_____	_____	_____
		_____	_____
		_____	_____
ATTORNEY	_____	_____	_____
	_____	_____	_____
		_____	_____
		_____	_____
BANKER - (loans)	_____	_____	_____
	_____	_____	_____
		_____	_____
		_____	_____
INSURANCE AGENT - (Life & Disability)	_____	_____	_____
	_____	_____	_____
		_____	_____
		_____	_____
INSURANCE AGENT - (Property & Casualty)	_____	_____	_____
	_____	_____	_____
		_____	_____
		_____	_____

ADVISOR QUESTIONNAIRE (cont.)

EMPLOYEE BENEFITS -

OTHER

OTHER

CHECKLIST OF DATA/DOCUMENTS

Tax and Financial Information (3 years)

- _____ Tax Returns for all Affiliates
- _____ Financial Statements
- _____ Copy of Your Latest Business Plan
- _____ Loan Agreements
- _____ Lease Agreements
- _____ Corporate Minutes and Communications
- _____ Investment Confirmations for All Corporate Investments

Retirement and Compensation Plan Documents

- _____ Qualified Plan Documents
- _____ Non-Qualified Deferred Compensation Agreements
- _____ Employment Agreements
- _____ 5500 Federal Tax Forms (3 years)
- _____ Personal Services Contracts
- _____ Investment Confirmations for Qualified and Non-Qualified Plans

Employee Benefits

- _____ Medical Plan Information
- _____ Disability Plan Information
- _____ Life Insurance Plan Information
- _____ Split Dollar Insurance Policies
- _____ Latest Billing Statements for All Employee Benefits
- _____ Copies of All Employee Benefit Books and Brochures

Ownership Transfer Information and Insurance Policies

- _____ Listing of All Owners and the Percentage of Ownership
- _____ Copies of All Buy-Sell Agreements
- _____ Information on Funding Arrangements and All Insurance Policies
- _____ Disability Overhead Insurance Policies
- _____ Key Person Life Insurance Policies
- _____ Property and Casualty Insurance Policies