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## Confidential Business Planning Profile

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**Prepared for:** \_\_\_\_\_

**Prepared by:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## General Business Information

**A. Name of Business:** \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
 E-Mail Address: \_\_\_\_\_

### B. Business Organization

- Sole Proprietorship  
 Partnership  
 Corporation (State of: \_\_\_\_\_)  
 S-Corporation (State of: \_\_\_\_\_)  
 P-Corporation (State of: \_\_\_\_\_)  
 Limited Liability Company (State of: \_\_\_\_\_)

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

Date Established: \_\_\_\_\_ Marginal Tax Bracket (Corporation): \_\_\_\_\_%

Fiscal Year End: \_\_\_\_\_  Cash  Accrual

Number of Employees (including owners): Full-Time: \_\_\_\_ Part-Time: \_\_\_\_

1. Does this business own an interest in any other business?  Yes  No
2. Does any other business own an interest in this business?  Yes  No
3. Do owner(s) of this business own interest(s) in any other business?  Yes  No

Provide details of any **YES** answers: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### General Business Information (continued)

**C. Owners**

Name	Title	Date of Birth	Sex	Ownership Interest	Annual Compensation	Personal Tax Bracket
1. _____	_____	__/__/__	M F	____%	\$_____	____%
2. _____	_____	__/__/__	M F	____%	\$_____	____%
3. _____	_____	__/__/__	M F	____%	\$_____	____%
4. _____	_____	__/__/__	M F	____%	\$_____	____%
5. _____	_____	__/__/__	M F	____%	\$_____	____%

**D. Officers/Key Employees (other than owners)**

Name	Title	Date of Birth	Sex	Annual Compensation	Personal Tax Bracket
1. _____	_____	__/__/__	M F	\$_____	____%
2. _____	_____	__/__/__	M F	\$_____	____%
3. _____	_____	__/__/__	M F	\$_____	____%
4. _____	_____	__/__/__	M F	\$_____	____%
5. _____	_____	__/__/__	M F	\$_____	____%

**E. Professional Advisors**

**Attorney:**

Firm Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_

**Accountant:**

Firm Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_

**Banker:**

Firm Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_

**P&C Agent:**

Firm Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_

**Other:**

Firm Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

# Business Valuation Information

### A. Book Value (as of \_\_\_/\_\_\_/\_\_\_)

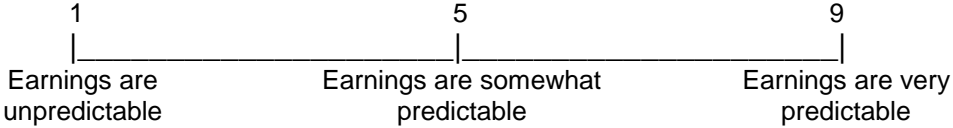
Total Assets (from Balance Sheet) \$ \_\_\_\_\_  
 Total Assets Adjusted for Appreciation/Depreciation \$ \_\_\_\_\_  
 Total Liabilities (from Balance Sheet) \$ \_\_\_\_\_

### B. Earnings History

Year	_____	_____	_____	_____	_____
Gross Earnings Before Taxes	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Gross Sales	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
After-Tax Net Profits	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

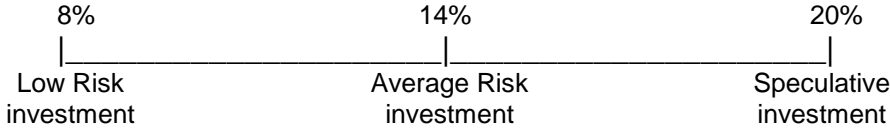
### C. Predictability of Earnings: \_\_\_\_\_ (1 - 9)

What is the risk that past business earnings will not continue in the future?



### D. Expected Return: \_\_\_\_\_% (8%-20%)

What rate of return could an investor reasonably expect to receive on capital invested in this business?



**Business Valuation Information (continued)**

**E. Goodwill:** \_\_\_\_\_ years  
(2 - 10)

For how many years can goodwill reasonably be expected to last after the business is transferred to another party?

**F. Owner's Estimate:** \$ \_\_\_\_\_

What is the owner's estimate of the fair market value of the business?

**G. Additional Business Valuation Information:**

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## Business Continuation Planning

### A. Business Continuation Planning Objective

- In the event of your death, do you want your business interest:
- Retained for Family (Section B)  
 Sold (Section C)  
 Liquidated (Section D)

### B. Objective: Retain the Business for Family

1. For whom do you want the business interest retained?

Name	Age	Relationship	Current Position	Ownership Interest
_____	____	_____	_____	____ %
_____	____	_____	_____	____ %
_____	____	_____	_____	____ %
_____	____	_____	_____	____ %
_____	____	_____	_____	____ %

2. How do you want your business interest transferred?

- by will (at death)  
 by gift (during life)  
 by sale (during life or at death)

Funding? \_\_\_\_\_

3. Will your estate have sufficient liquid assets to pay your estate settlement bill? \_\_\_\_\_
4. What percentage of your estate is represented by your business interest?  
\_\_\_\_\_ %
5. Is there a need to provide additional working capital during the transition period? \_\_\_\_\_
6. What plans do you have to continue an income to surviving dependents not active in the business?  
\_\_\_\_\_
7. Is there a need to equalize inheritances among surviving family members?  
\_\_\_\_\_

## Business Continuation Planning (continued)

### C. Objective: Sell the Business

1. To whom will your business interest be sold?

Name	Age	Relationship	Currently Active? (Y or N)	% of your business interest
_____	____	_____	Y N	____%
_____	____	_____	Y N	____%
_____	____	_____	Y N	____%
_____	____	_____	Y N	____%
_____	____	_____	Y N	____%

2. Do you have a written Buy-Sell Plan? \_\_\_\_\_

3. If **YES**:

a. What type is it?       Cross Purchase       Entity Purchase

b. When was it implemented? \_\_\_\_\_ Last reviewed? \_\_\_\_\_

c. How will the plan work in the event of:

Death \_\_\_\_\_

Disability \_\_\_\_\_

Retirement \_\_\_\_\_

d. How is the purchase price determined? \_\_\_\_\_

\_\_\_\_\_

e. Is your Buy-Sell Plan funded? \_\_\_\_\_

If so, how? \_\_\_\_\_

\_\_\_\_\_

If not, where will the funds come from to complete the purchase?

\_\_\_\_\_

\_\_\_\_\_

f. Does your plan still adequately reflect the needs of your business and its owner(s)? \_\_\_\_\_

\_\_\_\_\_



**Business Continuation Planning (continued)**

**D. Objective: Liquidate the Business**

1. What do you think the liquidation value of your business would be today?  
\$ \_\_\_\_\_
2. How does this liquidation value compare to the value of your business as a going concern? \_\_\_\_\_
3. Will your estate have sufficient liquid assets to pay your estate settlement bill? \_\_\_\_\_
4. What plans have you made to continue an income to yourself or your family in the event of your disability or death? \_\_\_\_\_  
\_\_\_\_\_

**E. Additional Business Continuation Planning Information:**

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## Key Employee Indemnification Planning

### A. Identification of Key Employees

1. Does the business have any key employees, including owner(s), whose death would have an adverse financial impact on the business?
  - Yes
  - No

### B. Key Employee Valuation Factors

Name of Key Employee	Total Annual Salary	Annual Salary Attributed to Routine Duties	Cap Factor (1) (2-10)	Contribution % (2)	Years to Replace (3) (1-10)	Amount of existing key employee insurance
_____	\$_____	\$_____	_____	____%	_____	\$_____
_____	\$_____	\$_____	_____	____%	_____	\$_____
_____	\$_____	\$_____	_____	____%	_____	\$_____
_____	\$_____	\$_____	_____	____%	_____	\$_____
_____	\$_____	\$_____	_____	____%	_____	\$_____

- (1) Indicate the capitalization factor or multiplier from 2 to 10 that reflects the importance of the key employee's contribution to the success of the business (the more critical the key employee's contribution, the higher the factor should be).
- (2) How much of the success of the business can be attributed to the skills of the key employee?
- (3) How many years will it take to replace the key employee's unique contributions to management success?

### C. Additional Key Employee Indemnification Planning Information:

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## Selective Executive Benefit Planning

### A. Selective Executive Benefit Plan Survey

1. What selective executive benefits does the business currently provide?

Type of Plan	Yes		No	
	No. of Executives Covered	Insured? (Y or N)	Of Interest? (Y or N)	
Split Dollar	_____	Y N	Y	N
Executive Bonus	_____	Y N	Y	N
Deferred Compensation	_____	Y N	Y	N
Group Carve-Out	_____	Y N	Y	N
Death Benefit Only	_____	Y N	Y	N
Directors' Deferral Plan	_____	Y N	Y	N
Other: _____	_____	Y N	Y	N

### B. Split Dollar Plan

1. How are owners/key executives currently paying for personal life insurance?

- After-Tax Personal Dollars       Corporate Dollars

2. Would the owners be interested in learning about how corporate dollars can be used to pay personal life insurance premiums?

- Yes       No

3. Notes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### C. Executive Bonus Plan

1. Does the business have key executives it would be interested in rewarding with a selective executive benefit that is tax deductible?

- Yes       No

2. Notes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## Selective Executive Benefit Planning (continued)

### D. Deferred Compensation Plan

1. Does the business currently have a non-qualified deferred compensation plan?

Yes       No

2. If **YES**:

Retirement Benefit Formula: \_\_\_\_\_

Pre-Retirement Death Benefit?: \_\_\_\_\_ Amount: \_\_\_\_\_

Pre-Retirement Disability Benefit?: \_\_\_\_\_ Amount: \_\_\_\_\_

Are benefits provided by executive salary deferrals?       Yes       No

Date Installed: \_\_\_\_\_ Last Reviewed: \_\_\_\_\_

3. If **NO**, would the business be interested in a plan that can provide benefits to selected key employees on a discriminatory basis?

- a. Benefits to Provide:

Retirement Benefits      Formula: \_\_\_\_\_

Pre-Retirement Death Benefits      Formula: \_\_\_\_\_

Pre-Retirement Disability Benefits      Formula: \_\_\_\_\_

- b. Benefits to Be Provided by:

Executive Salary Deferrals

In Addition to Regular Compensation

4. Notes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### Selective Executive Benefit Planning (continued)

#### E. Directors' Deferral Plan

1. Does the business currently have a plan that defers taxation of directors' fees?

Yes       No

2. If **YES**:

Benefit Formula: \_\_\_\_\_

Date Installed: \_\_\_\_\_ Last Reviewed: \_\_\_\_\_

3. If **NO**, would the business be interested in a plan that defers taxation of directors' fees?

Benefit Formula: \_\_\_\_\_

4. Notes: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### F. Other Executive Benefit Plans

Describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Owner/Key Employee Disability Planning

### A. Disability Planning Survey

1. What plans has the business implemented to provide for the disability of an owner or key employee?

	Yes		No	
	No. of Owners/ Key Employees Covered	Insured? (Y or N)	Of Interest? (Y or N)	
Salary Continuation	_____	Y N	Y	N
Business Overhead Expense	_____	Y N	Y	N
Other: _____	_____	Y N	Y	N

### B. Salary Continuation Plan

1. Does the business currently have an insured salary continuation plan?  
 Yes       No

2. If **YES**:
- Disability Benefit Formula: \_\_\_\_\_
- Waiting Period: \_\_\_\_\_
- Benefit Period: \_\_\_\_\_
- Annual Premiums: \_\_\_\_\_
- Date Installed: \_\_\_\_\_ Last Reviewed: \_\_\_\_\_

3. If **NO**, would the business be interested in a plan that continues the income of a disabled owner or key employee?
- Disability Benefit Formula: \_\_\_\_\_
- Waiting Period: \_\_\_\_\_
- Benefit Period: \_\_\_\_\_

4. Notes: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

## Owner/Key Employee Disability Planning (continued)

### C. Business Overhead Expense Plan

1. Does the business currently have an insured business overhead expense plan?

Yes       No

2. If **YES**:

Monthly Benefit Amount: \_\_\_\_\_

Waiting Period: \_\_\_\_\_

Benefit Period: \_\_\_\_\_

Annual Premium: \_\_\_\_\_

Date Installed: \_\_\_\_\_ Last Reviewed: \_\_\_\_\_

3. If **NO**, would the business be interested in a plan that uses tax-deductible business dollars to insure that continuing business overhead expenses will be paid during an owner's shorter-term disability?

Approximate Monthly Business Overhead Expenses:      \$\_\_\_\_\_

4. Notes: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Business Loan Planning

### A. Business Loan Guarantees

1. In order for the business to obtain a loan or line of credit, do owners have to personally co-sign?  
 Yes       No

### B. Outstanding Business Loans

1. Does the business currently have any outstanding business loans?

Amount: \$ _____	Financial Institution: _____
Amount: \$ _____	Financial Institution: _____
Amount: \$ _____	Financial Institution: _____
Amount: \$ _____	Financial Institution: _____

2. Is there a plan in place to guarantee repayment of any outstanding business loans in the event of an owner's death?  
 Yes       No

3. Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## Employee Benefit Planning

### A. Employee Benefit Plan Survey

1. What employee benefits does the business currently provide?

Type of Plan	Yes	No
Group Life		
Group Health		
Group Dental		
Group Disability		
Pension/Profit-Sharing Plan		
401(k) Plan		
SEP Plan		
Cafeteria Plan		
Payroll Deduction Plan		

2. Ideally, which of these employee benefit plan features are most important to the owners? (check all that apply)

- Tax Deductibility
- Reducing Employee Turnover
- Rewarding Key Employees
- Employee Satisfaction/Appreciation
- Employee Financial Security
- Retirement Benefits
- Pre-Retirement Death Benefits
- Disability Benefits
- Low Cost
- Other: \_\_\_\_\_

### Employee Benefit Planning (continued)

#### B. Group Insurance

1. Indicate the group insurance benefits currently provided:

Group Life Amount: \_\_\_\_\_  
Dependents?: \_\_\_\_\_

Group Health  Major Medical  
 HMO  
 PPO

Dental

Disability  Short-Term Benefit Amount: \_\_\_\_\_  
Waiting Period: \_\_\_\_\_  
Benefit Period: \_\_\_\_\_  
 Long-Term Benefit Amount: \_\_\_\_\_  
Waiting Period: \_\_\_\_\_  
Benefit Period: \_\_\_\_\_

Other: \_\_\_\_\_

2. Is the business interested in any additional benefits?

Yes  No

\_\_\_\_\_  
\_\_\_\_\_

3. Is the business satisfied with current rates, benefits and service?

Yes  No

\_\_\_\_\_  
\_\_\_\_\_

4. Date Group Insurance Program Last Reviewed: \_\_\_\_\_

5. Notes: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### Employee Benefit Planning (continued)

#### C. Qualified Plans

1. Does the business currently have a tax-qualified retirement plan(s)?

- Yes       No

2. If **YES**:

a. What type(s) of qualified retirement plan(s) does the business currently have?

- |  |  |
|--|--|
| <input type="radio"/> Pension Plan:        | <input type="radio"/> Defined Benefit      |
|  | <input type="radio"/> Defined Contribution |
|  | <input type="radio"/> Target Benefit       |
| <input type="radio"/> Profit-Sharing Plan: | <input type="radio"/> Profit Sharing       |
|  | <input type="radio"/> 401(k)               |
|  | <input type="radio"/> SEP                  |
|  | <input type="radio"/> SIMPLE               |
|  | <input type="radio"/> Cafeteria            |

b. Is the business satisfied with current plan benefits, investment returns and service?

- Yes       No

\_\_\_\_\_  
\_\_\_\_\_

c. Date Installed: \_\_\_\_\_ Last Reviewed: \_\_\_\_\_

d. Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Employee Benefit Planning (continued)

3. If **NO**:

a. Would the business be interested in learning more about a qualified retirement plan?

- Yes       No

b. Ideally, what do the owners feel that a qualified retirement plan should provide? (check all that apply)

- Retirement income for all employees
- Retirement income for key employees
- Current tax deductions
- Assistance in hiring and retaining quality employees
- Life insurance benefits
- Shared employer/employee contributions
- Contribution flexibility
- Savings incentives
- Other: \_\_\_\_\_

c. If these objectives can be accomplished, how much does the business think is reasonable to contribute annually on a tax-deductible basis to a qualified retirement plan?

\$\_\_\_\_\_per year or \_\_\_\_\_% of payroll

d. Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Employee Benefit Planning (continued)**

**D. Payroll Deduction Plan**

1. Does the business currently have a payroll deduction plan?  
      Yes       No
  
2. If **YES**:
  - a. Does the plan include:       Life Insurance  
    Other: \_\_\_\_\_
  
  - b. What percentage of the employees participate in the plan?      \_\_\_\_\_%
  
  - c. Are the business and its employees satisfied with plan benefits, costs and service?  
      Yes       No
  
3. If **NO**, would the business be interested in learning more about a payroll deduction plan?  
      Yes       No
  
4. Notes: \_\_\_\_\_  
            \_\_\_\_\_  
            \_\_\_\_\_  
            \_\_\_\_\_

**E. Additional Employee Benefit Planning Information:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Employee Census

	Name	Sex	Smoker? (Y or N)	Date of Birth	Date of Hire	Annual Compensa- tion	Key Employee? (Y or N)
1.	_____	M F	Y N	__/__/__	__/__/__	\$_____	Y N
2.	_____	M F	Y N	__/__/__	__/__/__	\$_____	Y N
3.	_____	M F	Y N	__/__/__	__/__/__	\$_____	Y N
4.	_____	M F	Y N	__/__/__	__/__/__	\$_____	Y N
5.	_____	M F	Y N	__/__/__	__/__/__	\$_____	Y N
6.	_____	M F	Y N	__/__/__	__/__/__	\$_____	Y N
7.	_____	M F	Y N	__/__/__	__/__/__	\$_____	Y N
8.	_____	M F	Y N	__/__/__	__/__/__	\$_____	Y N
9.	_____	M F	Y N	__/__/__	__/__/__	\$_____	Y N
10.	_____	M F	Y N	__/__/__	__/__/__	\$_____	Y N
11.	_____	M F	Y N	__/__/__	__/__/__	\$_____	Y N
12.	_____	M F	Y N	__/__/__	__/__/__	\$_____	Y N
13.	_____	M F	Y N	__/__/__	__/__/__	\$_____	Y N
14.	_____	M F	Y N	__/__/__	__/__/__	\$_____	Y N
15.	_____	M F	Y N	__/__/__	__/__/__	\$_____	Y N
16.	_____	M F	Y N	__/__/__	__/__/__	\$_____	Y N
17.	_____	M F	Y N	__/__/__	__/__/__	\$_____	Y N
18.	_____	M F	Y N	__/__/__	__/__/__	\$_____	Y N
19.	_____	M F	Y N	__/__/__	__/__/__	\$_____	Y N
20.	_____	M F	Y N	__/__/__	__/__/__	\$_____	Y N

## Document Checklist

<b>Financial Information</b>	
Business Tax Returns (prior five years)	<input type="checkbox"/>
Financial Statements (balance sheet, P&L statement, etc. for prior five years)	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>

<b>Business Continuation Planning</b>	
Buy-Sell Agreement	<input type="checkbox"/>
Section 303 Stock Redemption Agreement	<input type="checkbox"/>
Previous Business Valuation/Appraisal	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>

<b>Business Life and Disability Insurance</b>	
Business Life and Disability Insurance Policies (including current billing, loan and dividend information) for Policy Number(s): _____ _____	<input type="checkbox"/>
Selective Executive Plan Agreement(s)	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>

<b>Employee Benefits</b>	
Employee Benefit Plan Booklet(s)	<input type="checkbox"/>
Group Plan Documents	<input type="checkbox"/>
Pension/Profit-Sharing Plan Documents	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>

Received by: \_\_\_\_\_ Date: \_\_\_\_\_