



\_\_\_\_\_, 20\_\_

**BUSINESS FINANCIAL PLANNING**  
**DATA QUESTIONNAIRE**  
**FOR**

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**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	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, Who?) \_\_\_\_\_

Type of Loan (Plant & Equipment, Lines Of  
Credit, Etc.) \_\_\_\_\_

Balance Outstanding \$ \_\_\_\_\_

Last Annual Reset Balance Date  
(Variable Rate Only) \_\_\_\_\_

Original Amount Borrowed \$ \_\_\_\_\_

Minimum Payment \$ \_\_\_\_\_

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 \_\_\_\_\_

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

**LOANS**

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Type of Loan (Plant & Equipment, Lines Of  
Credit, Etc.) \_\_\_\_\_

Balance Outstanding \$ \_\_\_\_\_

Last Annual Reset Balance Date  
(Variable Rate Mortgages Only) \_\_\_\_\_

Original Amount Borrowed \$ \_\_\_\_\_

Minimum Payment \$ \_\_\_\_\_

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 \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**LOANS**

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Asset Description (If Applicable) \_\_\_\_\_

Borrower(s) (Is Loan Personally Guaranteed By  
Anyone? If So, Who?) \_\_\_\_\_

Type of Loan (Plant & Equipment, Lines Of  
Credit, Etc.) \_\_\_\_\_

Balance Outstanding \$ \_\_\_\_\_

Last Annual Reset Balance Date  
(Variable Rate Mortgages 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 \_\_\_\_\_

Type Of Mortgage \_\_\_\_\_

Current Interest Rate \_\_\_\_\_

Institution (Bank, S&L, Etc.) \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

Loan Account No. \_\_\_\_\_

Comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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, Who?) \_\_\_\_\_

Type of Loan (Plant & Equipment, Lines Of  
Credit, Etc.) \_\_\_\_\_

Balance Outstanding \$ \_\_\_\_\_

Last Annual Reset Balance Date  
(Variable Rate Mortgages 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 \_\_\_\_\_

Type Of Mortgage \_\_\_\_\_

Current Interest Rate \_\_\_\_\_

Institution (Bank, S&L, Etc.) \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

Loan Account No. \_\_\_\_\_

Comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## FUTURE BUSINESS PLANS

Where Is The Business Practice Going? \_\_\_\_\_

\_\_\_\_\_

Are There Any Plans To Go Public? \_\_\_\_\_

\_\_\_\_\_

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 Which 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 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, If Any, Do You Anticipate Adding And In What Areas Of The Business?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are Any Of Your Employees Unionized? Give Details. \_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

**FUTURE BUSINESS (Cont.)**

Is There Any Current Attempt By Your Employees To Become Unionized? Give Details. \_\_\_\_\_

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What Has Been The Company's Policy Concerning Salary Increases, Bonuses And Employee Fringe Benefits?

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What Has Been Your Rate Of Employee Turnover? \_\_\_\_\_

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Do You Presently Have An Accumulated Earnings Tax Problem? (C Corporations Only) \_\_\_\_\_

Do You Have Any Loss Carryforwards Available? \_\_\_\_\_

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Is Any Property Owned By The Shareholders Being Leased To The Business? \_\_\_\_\_

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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?

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**BUSINESS CONTINUATION**

Do You Want Your Practice 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 Practice 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>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



**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**

**NAME**

**ADDRESS**

**PHONE/FAX NUMBER**

**ACCOUNTANT**

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**RETIREMENT PLAN  
ADMINISTRATOR/  
ACTUARY  
(If You Own A Business)**

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**ATTORNEY**

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**BANKER  
(Loans)**

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**INSURANCE AGENT  
(Life & Disability)**


**INSURANCE AGENT  
(Property & Casualty)**


**EMPLOYEE  
BENEFITS**


**OTHER**






## CHECKLIST OF DATA/DOCUMENTS

(Please supply)

### 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
- \_\_\_\_\_ Business Valuation

### 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
- \_\_\_\_\_ Investment Policy Statement

### 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

### Insurance

- \_\_\_\_\_ Contingent Liability Insurance
- \_\_\_\_\_ Business Interruption Insurance
- \_\_\_\_\_ Commercial General Liability Insurance
- \_\_\_\_\_ Commercial Property Insurance
- \_\_\_\_\_ Directors And Officers Insurance
- \_\_\_\_\_ Employment Practices Insurance
- \_\_\_\_\_ Fidelity Bond Insurance
- \_\_\_\_\_ Non-Owned Automobile Insurance
- \_\_\_\_\_ Product Liability Insurance
- \_\_\_\_\_ Professional Liability Insurance
- \_\_\_\_\_ Umbrella Insurance
- \_\_\_\_\_ Workers Compensation And Employers Liability Insurance

### Other

- \_\_\_\_\_ Disaster Plan
- \_\_\_\_\_ Employee Handbook