



"Building Wealth One Generation at a Time"

AUTHORIZED USER OF



**The Living
Balance Sheet®**

Business Fact Finder – Supplement

Business Name

Client Name

Financial Representative Name

Date

Data Gathering – Basic Business Information

Client Information

Client Name (First/Last):			
Address:			
City:	State:	Zip:	
Home Phone:	Fax:		
Client Cell Phone:	Client E-mail::		

Business Information

Business Name:		Title:	
Business Address:			
City:	State:	Zip:	
Business Phone:		Business Fax:	
Business Email Address:			
Business Accountant:			
Business Attorney:			
Qualified Plan Actuary:			

Business Type:	<input type="checkbox"/> C Corp	<input type="checkbox"/> S Corp	<input type="checkbox"/> Professional Corp	<input type="checkbox"/> Partnership
	<input type="checkbox"/> Not for Profit	<input type="checkbox"/> Sole Proprietor		
If an LLC, how is it taxed?	<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership		
If a Professional Corporation, how is it taxed?	<input type="checkbox"/> C Corp	<input type="checkbox"/> S Corp		
If a Corporation, type of stock issued:	<input type="checkbox"/> Common	<input type="checkbox"/> Preferred	<input type="checkbox"/> Phantom	<input type="checkbox"/> Voting
	<input type="checkbox"/> Non-Voting			
If a C Corporation, Corporate Tax Bracket:				

Ownership Information:

Name	Age	Relationship	% Interest	Distributions

For additional businesses, please complete a separate Business Fact Finder for each.

Notes

Data Gathering – Basic Business Information

Valuation

1. What is the value of the business? \$

a. What valuation method was used?

- Book Value Adjusted Book Value Formula Set Value
 Unknown Other

2. In thinking about the value of the business, we sometimes consider valuation in the following framework:

a. If you were to sell your interest today what amount would you accept?	\$
b. If you were to buy a minority interest in your business today, what amount would you pay?	\$

3. Please note each owner's basis in the business:

Client	
Owner	
Owner	
Owner	
Owner	

Cash Flow

Gross Annual Income:	\$
Net Annual Income:	\$
Average annual gross income for the last 3 years:	\$
Assumed business growth rate:	%

Notes

Data Gathering – Asset Domain

For assistance, retrieve the most current business financial statement to complete the fields below.

LBS Domains / Assets

Current Assets		Fixed Assets		Intangible Assets	
Cash:		Vehicles:		Goodwill:	
Accounts Receivable:		Furniture:		Contracts/Patents:	
Savings:		Equipment:		Other:	
Investments:		Buildings:			
Prepaid Expenses:		Land:			
Notes Receivable:		Other:			
Inventory:					
Other:					
Total:		Total:		Total:	

Grand Total Assets:	
Annual Retirement Plan Contributions:	

Key People

Who are the key people in your business?									
Name:	Sex	Date of Birth	Date of Hire	Salary	Bonus	DC	SD	BP	VP

DC = Deferred Compensation; SD = Split Dollar; BP = Bonus Plan; VP = Vacation Pay

Notes

Data Gathering – Liability Domain

Liabilities

Current Liabilities		Long Term Liabilities		Owner's Equity	
Accounts Payable:		Long Term Notes:		Contributed Capital:	
Business Taxes:		Mortgages:		Other:	
Short Term Notes:		Other:		Retained Earnings:	
Income Taxes:					
Other:					
Total:		Total:		Total:	
Total Liabilities & Owner's Equity:					
Annual Debt Service:					

Protection – Property / Casualty Insurance

Coverage Type	Insurance Company Name	Renewal Date	Annual Premium
Property Insurance:			
Liability Insurance:			
Commercial Automobile Insurance:			
Worker's Compensation Insurance:			
Business Interruption Insurance:			
Errors & Omission Malpractice Liability Insurance:			
Employment Practice Liability Insurance:			
Total Annual Premiums:			

Notes

Data Gathering – Business Information

Protection – Disability / Health Insurance

Coverage Type	Insurance Company Name	Annual Premium	Renewal Date	Business Pay %
Group Medical:				
Group Life:				
Group Dental:				
Group short Term Disability:				
Group Long Term Disability:				
Individual Multi-Life DI:				
Individual Multi-Life LTC:				
Retirement Plan Contribution DI:				
Business Overhead DI:				
Disability Buyout:				

LBS Domains / Legal Documents

Document Type	Date Established	Date Last Reviewed
Business Organization Agreement:		
Buy Sell Agreements:		
Employment Agreements:		
Bonus Plans:		
Deferred Compensation Agreements:		

Document Type	Date Established	Date Last Reviewed
SERP Agreements:		
Split Dollar:		
Disability Salary Continuation:		
Qualified Sick Pay Plan:		
Vacation Pay Plan:		
Qualified Plans:		

Notes

Data Gathering – Business Information

The decisions made regarding the transfer of your business interests are critical in achieving financial balance and success. By considering the questions listed below, it is possible to develop strategies that will protect your personal and business assets in the event of your death.

The fundamental question is whether you want your family to keep or sell your business interest after your death?

Keep **Sell**

If you answered **Keep**, please answer the following questions:

1. What will control how your business passes?	<input type="checkbox"/> Will	<input type="checkbox"/> Trust	<input type="checkbox"/> Intestate
2. Will relationships with outside vendors or customers be adversely affected?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Undecided
3. Will it be difficult for the business to collect outstanding receivables?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Undecided
4. Will your existing employees work for the new owners?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Undecided
5. Do the key employees have incentive to stay with the business?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Undecided
6. Are there any notes or mortgages that become immediately callable?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Undecided
7. Will the borrowing capability of the business be impaired?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Undecided

1. What is the current fair market value of your business?	\$ _____		
2. Will the estate have sufficient liquidity to pay estate taxes on the business?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Undecided
3. Can the business continue to provide adequate income for your family?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Undecided
4. Will each family member receive their appropriate share of the business?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Undecided
5. Will those not in the business be treated equitably?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Undecided
6. Will the family be required to personally guarantee any business debt?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Undecided
7. Will your family work well with your non family business partners?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Undecided

Based on the questions above, what will the value of your interest in _____ be at your death? \$ _____

Have you communicated your business continuity plan to your family? Yes No (Business Name)

Notes

Data Gathering – Business Information

If the answer is **Sell** – please answer the following:

The decision to sell your business interest after your death entails questions about who will purchase your interest, at what value and at what terms.

1. What will control how your business passes?	<input type="checkbox"/> Agreement	<input type="checkbox"/> No Agreement
2. Will relationships with outside vendors or customers be adversely affected?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Undecided
3. Will it be difficult for the business to collect outstanding receivables?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Undecided
4. Will your existing employees work for the new owners?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Undecided
5. Do the key employees have incentive to stay with the business?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Undecided
6. Are there any notes or mortgages that become immediately callable?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Undecided
7. Will the borrowing capability of the business be impaired?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Undecided

1. Who will be buying your business interest?	<input type="checkbox"/> Family	<input type="checkbox"/> Co-Owners	<input type="checkbox"/> Business	<input type="checkbox"/> Key Employees	<input type="checkbox"/> Outsiders	<input type="checkbox"/> Combination
2. What is the current fair market value of your business? \$						
3. How will this amount be paid?	<input type="checkbox"/> Installment	<input type="checkbox"/> Lump Sum	<input type="checkbox"/> Combination			
4. Are the terms of sale part of a binding agreement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Undecided			
5. Is the agreement funded by insurance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Undecided			
6. Is the sale price fair?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Undecided			
7. Will the business value be reduced by estate taxes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Undecided			
8. Will your family rely on these proceeds for income?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Undecided			
9. Will the sale of your business interest adversely affect your family legacy objectives?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Undecided			

Based on the questions above, what will the value of your interest in _____ be at your death? \$ _____
(Business Name)

Notes

Data Gathering – Business Provided Benefits

Many Owners and Employees face a significant decrease in Cash Flow as they enter retirement. A variety of Business Sponsored Benefit programs are available to assist key employees achieve personal financial balance and success. A well-designed Qualified or Non-Qualified Plan may also help a business attract, retain, and reward key employees.

Qualified Executive Benefit Plans:

Does the business provide any of the following qualified retirement plans?

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Defined Benefit | <input type="checkbox"/> 412(e)(3) Defined Benefit | <input type="checkbox"/> Profit Sharing | <input type="checkbox"/> Money Purchase |
| <input type="checkbox"/> Employee Stock ownership Plan | <input type="checkbox"/> SEP | <input type="checkbox"/> 401(k) | |

If "Yes",

Is there a matching contribution? What is the formula?

Is there a discretionary contribution? What is the formula?

What is the average deferral of the non-highly compensated employees?

Non-Qualified Executive Benefit Plans:

Does the business provide any of the following non-qualified executive benefit plans:

- | | | | | |
|---|-------------------------------|--|---------------------------------------|--|
| <input type="checkbox"/> PLI Bonus Plan | <input type="checkbox"/> SERP | <input type="checkbox"/> Deferred Compensation | <input type="checkbox"/> Split Dollar | <input type="checkbox"/> Split Dollar Loan |
|---|-------------------------------|--|---------------------------------------|--|

1. If yes:		
a. Does the plan provide retirement benefits?		
If yes:	Annual amount:	Period paid:
b. Does the plan provide a Death Benefit?		
If yes:	Amount:	Period paid:
c. Is the plan informally funded?		
If yes:	<input type="checkbox"/> Business owned insurance	<input type="checkbox"/> Executive owned insurance
2. Had the plan been reviewed in the last year?		
3. Do you want other executives to participate?		

Notes

Document Checklist

The following policies and documents will be evaluated as part of your business' overall Protection Analysis.

- Business Organization Agreement
- Buy Sell Agreement
- Employment Agreements
- Bonus Plans
- Deferred Compensation Agreements
- SERP Agreements
- Split Dollar
- Disability Salary Continuation
- Qualified Sick Pay Plan
- Vacation Pay Plan
- Qualified Plans
- Business Financial Statement
- Business Income Statement
- Business Tax Return (For the past two years)
- Business Paid Life Insurance Policies
- Business Paid Disability Insurance Policies

This receipt hereby acknowledges that the above listed personal financial information has been provided to my Financial Representative. It is agreed that all information will be returned after analysis has been completed.

Client: _____ Date: _____

Financial Representative: _____ Date: _____