

Business Planning Fact Finder



If you have any questions, please feel free to call BSMG Life Wholesaler at 1-800-343-7772.

Agent: _____ Date: _____

BSMG Wholesaler: _____

Business Planning Data:

Company Name: _____ Business Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Interview with: _____ Phone: _____

Principle Business Activity: _____ Number of Employees: _____

Accountant: _____ Attorney: _____

Current Owners:	DOB	% Ownership	Salary	Bonus	Personal Tax Bracket %
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____

Fiscal Year End _____ Cash Accrual Year Business Started: _____ Cost Basis \$ _____

Corporate Tax Bracket (C-Corp) _____ % LLC or Partnership "Capital Account" \$ _____

C Corp "Retained Earnings" \$ _____ S Corp "Accumulated Adjustments Account" \$ _____

Business Type:

- S Corporation (Form 1120S)
- C Corporation (Form 1120)
- Partnership (Form 1065)
- Proprietorship (Form 1040-Schedule C)
- Qualified Personal Service Corp (C Corp)
- Limited Liability Co. (Form 1065)
- Non-Profit [Section 501(c)]
- Limited Liability Partnership (Form 1065)

Business Valuation Information

Book Value (Net Worth) of Business: \$ _____ Net Profit (Earning) of Business: \$ _____

Fair Rate of Return on Book Value: _____ % Low Risk Rate of Return on Book Value _____ %

Number of Years Goodwill Expected to Last _____ Capitalization Rate for Net Profit (Earnings) _____ %

Excess Salary and Bonus of Owners \$ _____ Estimated Fair Market Value of Business \$ _____

continued on next page

Business Planning Data:

Business Continuation:

- Check if business is sold to a non family member:

To whom? _____

Fair market value? _____

Book value? _____

- Is there an existing written buy/sell agreement? Yes No

What type? Unilateral "One Way Purchase" Cross Purchase Stock Redemption "Wait and See" Optional

How is it funded? _____

When will it be executed? _____

- Check if the business is continued or retained in the family:

Who will become the new owner? _____

Method of transfer? (will, sale or gift) _____

- Check if the business is liquidated:

Fair market value? _____

Liquidation value? _____

Business loans? _____

Benefits Currently Provided:

Group insurance (life, health, dental, disability) Yes No

Qualified Pension, 401(k), Profit Sharing, SEP Yes No

Executive Benefit Plans:

Salary Continuation: Yes No

Split Dollar Insurance: Yes No

Disability Income: Yes No

Deferred Compensation: Yes No

Executive Bonus: Yes No

Long Term Care: Yes No

Details: _____

Describe any existing corporate-owned life insurance (COLI) and reason for coverage: _____

