

Plan Date _____

Business Data

Business Name _____ Year Started _____ SIC Code _____
 Street _____ City _____ Zip _____
 Phone _____ Fax _____

Form of Business Sole Proprietor Partnership Corporation
 Sub S Corporation Limited Partnership Private Corporation
 Public Corporation Professional Corporation Personal Service Corp.
 Government Agency Association Charitable Organization
 Limited Liability Non-profit Organization

Owner / Key Employee

	Owner 1	Owner 2	Owner 3	Owner 4
Last Name	_____	_____	_____	_____
First Name	_____	_____	_____	_____
Age	_____	_____	_____	_____
Business				
Ownership	_____ %	_____ %	_____ %	_____ %
Buy/Sell Life Insurance	\$ _____	\$ _____	\$ _____	\$ _____
Buy/Sell Disability Insurance	\$ _____	\$ _____	\$ _____	\$ _____
Key Employee				
Annual Salary	\$ _____	\$ _____	\$ _____	\$ _____
Years to Protect	_____	_____	_____	_____
Sales Contribution	_____ %	_____ %	_____ %	_____ %
Profit Contributed	_____ %	_____ %	_____ %	_____ %
Replacement Cost				
Inducement Cost	\$ _____	\$ _____	\$ _____	\$ _____
Training Cost	\$ _____	\$ _____	\$ _____	\$ _____
Opportunity Cost	\$ _____	\$ _____	\$ _____	\$ _____
Key Employee Life Insurance	\$ _____	\$ _____	\$ _____	\$ _____
Business Overhead Insurance	\$ _____	\$ _____	\$ _____	\$ _____

Business Income

Period Ending _____		Projection Year _____
		Income Increase % _____
	Current Year	Projected Amounts*
Sales/Service Revenue (Cash)	\$ _____	\$ _____
Sales/Service Revenue (Credit)	\$ _____	\$ _____
Less Returns/Allowances/Discounts	\$ _____	\$ _____
Investment Income	\$ _____	\$ _____
Total Income	\$ _____	\$ _____

* Projected Amounts are calculated based on the Projection Year and Income Increase %.

Business Expenses

		Expense Increase % _____
	Current Year	Projected Amounts*
Cost of Goods Sold	\$ _____	\$ _____
Owner(s) Salaries	\$ _____	\$ _____
Other(s) Salaries	\$ _____	\$ _____
Employee Benefits	\$ _____	\$ _____
Retirement Plan Contributions	\$ _____	\$ _____
Payroll Taxes	\$ _____	\$ _____
Office Expenses	\$ _____	\$ _____
General Expenses	\$ _____	\$ _____
Interest	\$ _____	\$ _____
R&D Expenses	\$ _____	\$ _____
Other Expenses	\$ _____	\$ _____
Other Taxes	\$ _____	\$ _____
Total Expenses	\$ _____	\$ _____
Pre-Tax Income	\$ _____	\$ _____
Less Depreciation and Amortization	\$ _____	\$ _____
Taxable income	\$ _____	\$ _____
Less Income Tax	\$ _____	\$ _____
Net Income	\$ _____	\$ _____

* Projected Amounts are calculated based on the Projection Year and Expense Increase %.

Business Assets

Statement Date _____		Projection Year _____
		Asset Increase % _____
Current Assets	Current Year	Projected Amounts*
Cash	\$ _____	\$ _____
Marketable Securities	\$ _____	\$ _____
Accounts Receivable	\$ _____	\$ _____
Less Allowance for Bad Debts	\$ _____	\$ _____
Notes Receivable	\$ _____	\$ _____
Inventory	\$ _____	\$ _____
Prepaid Expenses	\$ _____	\$ _____
Total Current Assets	\$ _____	\$ _____
Fixed Assets		
Land and Buildings	\$ _____	\$ _____
Equipment	\$ _____	\$ _____
Total Fixed Assets	\$ _____	\$ _____
Other Assets		
Investments	\$ _____	\$ _____
Goodwill and Other Intangibles	\$ _____	\$ _____
Total Assets	\$ _____	\$ _____

* Projected Amounts are calculated based on the Projection Year and Asset Increase %.

Business Liabilities

		Liability Increase % _____
Current Liabilities	Current Year	Projected Amounts*
Accounts Payable	\$ _____	\$ _____
Estimated Tax Liability	\$ _____	\$ _____
Accrued Expenses Payable	\$ _____	\$ _____
Less Deferred Income	\$ _____	\$ _____
Other	\$ _____	\$ _____
Total Current Liabilities	\$ _____	\$ _____
Long-Term Liabilities		
Mortgages Payable	\$ _____	\$ _____
Other	\$ _____	\$ _____
Total Long-Term Liabilities	\$ _____	\$ _____
Total Liabilities	\$ _____	\$ _____
Equity	\$ _____	\$ _____

* Projected Amounts are calculated based on the Projection Year and Liability Increase %.

Business Valuation

Owner's Estimate of Value	\$	_____	
Average Book Value of Business (3 – 5 Years)	\$	_____	
Average Net Income from Business (3 – 5 Years)	\$	_____	
Estimated Rate of Return on Investments		_____	%
Number of Years Goodwill to Last		_____	
Salaries Required to Replace Owners	\$	_____	
Estimated Long-Term Inflation Rate		_____	%
Long-Term Average Annual Growth Rate for your Business		_____	%

Employee Benefit Plans

Number of Employees		_____	
Time Off (Average Number of Days Per Year)			
Vacation/Holidays		_____	
Sick Pay		_____	
Group Insurance			
Medical	\$	_____	
Dental	\$	_____	
Life	\$	_____	
Long-Term Disability	\$	_____	
Long-Term Care	\$	_____	
Other _____	\$	_____	
Retirement Plans			
401(k)	\$	_____	
SEP IRA	\$	_____	
Profit Sharing	\$	_____	
Defined Benefit	\$	_____	
Other _____	\$	_____	
Selective Benefits			
Deferred Compensation	\$	_____	
Executive Bonus	\$	_____	
Split Dollar	\$	_____	
Other _____	\$	_____	

Declaration

I declare that I have reviewed the information collected in this data sheet and that the investment data is correct to the best of my knowledge.

Client A Printed Name	Signature	Date
Client B Printed Name	Signature	Date