



# Confidential Business Planning Profile

*Prepared for:*

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*Provided by:*

## General Business Information

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### 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: \_\_\_\_\_

Year 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

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### C. Owners

Name	Title	Date of Birth	Sex	Ownership Interest	Annual Compensation	Personal Tax Bracket
1.				%		%
2.				%		%
3.				%		%
4.				%		%
5.				%		%

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

Name	Title	Date of Birth	Sex	Annual Compensation	Personal Tax Bracket
1.					%
2.					%
3.					%
4.					%
5.					%

### 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

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### 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?

1	5	9
_____	_____	_____
Earnings are unpredictable	Earnings are somewhat predictable	Earnings are very predictable

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

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

8%	14%	20%
_____	_____	_____
Low Risk investment	Average Risk investment	Speculative investment

## Business Valuation Information

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**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:**

# 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

### 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
				%
				%
				%
				%
				%

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

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### 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



# Key Employee Indemnification Planning

## A. Identification of Key Employees

- 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	(1)	(2)	(3)	Amount of existing key employee insurance
				%		
				%		
				%		
				%		
				%		

- Capitalization factor:** 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).
- Contribution percentage:** How much of the success of the business can be attributed to the skills of the key employee?
- Years to replace:** How many years will it take to replace the key employee’s unique contributions to management success?

## C. Additional Key Employee Indemnification Planning Information:

# 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	_____		
Executive Bonus	_____		
Deferred Compensation	_____		
Group Carve-Out	_____		
Death Benefit Only	_____		
Directors' Deferral Plan	_____		
Other: _____	_____		

## 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

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### 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

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### 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?

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

### 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

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### 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

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### 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

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### 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

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### 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

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### 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?

Pension Plan:

Defined Benefit

Defined Contribution

Target Benefit

Profit-Sharing Plan:

Profit Sharing

401(k)

SEP

SIMPLE

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

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### C. Qualified Plans (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

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### 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 (M or F)	Smoker? (Y or N)	Date of Birth	Date of Hire	Annual Compen- sation	Home Zip Code	Key Employee? (Y or N)
1.			__/__/__	__/__/__	_____	_____	
2.			__/__/__	__/__/__	_____	_____	
3.			__/__/__	__/__/__	_____	_____	
4.			__/__/__	__/__/__	_____	_____	
5.			__/__/__	__/__/__	_____	_____	
6.			__/__/__	__/__/__	_____	_____	
7.			__/__/__	__/__/__	_____	_____	
8.			__/__/__	__/__/__	_____	_____	
9.			__/__/__	__/__/__	_____	_____	
10.			__/__/__	__/__/__	_____	_____	
11.			__/__/__	__/__/__	_____	_____	
12.			__/__/__	__/__/__	_____	_____	
13.			__/__/__	__/__/__	_____	_____	
14.			__/__/__	__/__/__	_____	_____	
15.			__/__/__	__/__/__	_____	_____	
16.			__/__/__	__/__/__	_____	_____	
17.			__/__/__	__/__/__	_____	_____	
18.			__/__/__	__/__/__	_____	_____	
19.			__/__/__	__/__/__	_____	_____	
20.			__/__/__	__/__/__	_____	_____	

## Document Checklist

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### Financial Information

Business Tax Returns (prior five years)  
Financial Statements (balance sheet, P&L statement, etc. for prior five years)  
Other: \_\_\_\_\_

### Business Continuation Planning

Buy-Sell Agreement  
Section 303 Stock Redemption Agreement  
Previous Business Valuation/Appraisal  
Other: \_\_\_\_\_

### Business Life and Disability Insurance

Business Life and Disability Insurance Policies (including current billing, loan and dividend information) for Policy Number(s): \_\_\_\_\_  
\_\_\_\_\_  
Selective Executive Plan Agreement(s)  
Other: \_\_\_\_\_

### Employee Benefits

Employee Benefit Plan Booklet(s)  
Group Plan Documents  
Pension/Profit-Sharing Plan Documents  
Other: \_\_\_\_\_

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

## Important Information

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This fact finder serves to help identify your financial needs and priorities and may be used in developing proposed solutions consistent with your needs and objectives. In completing this fact finder, you are entrusting our organization with certain personal and confidential financial data. We recognize that our relationship with you is based on trust and we hold ourselves to the highest standards in the safekeeping and use of your confidential information.

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