



# Confidential Business Planning Questionnaire

*Prepared for:*

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*Provided by:*

## General Business Information

Name of Business: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Type of Business:      Sole Proprietorship  
                                  Partnership  
                                  Corporation                      (State of: \_\_\_\_\_)  
                                  S-Corporation                      (State of: \_\_\_\_\_)  
                                  P-Corporation                      (State of: \_\_\_\_\_)  
                                  Limited Liability Company      (State of: \_\_\_\_\_)

Date Established?: \_\_\_\_\_ If Incorporated, Corporate Tax Bracket: \_\_\_\_%

Current Estimated Fair Market Value of Business: \_\_\_\_\_

## Owner Information

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

## Professional Advisor Information

**Attorney:** \_\_\_\_\_

Firm Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

**Accountant:** \_\_\_\_\_

Firm Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

### Property & Casualty Insurance Agent:

Firm Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

## Business Planning Priorities

	High Priority	Medium Priority	Low Priority	No Priority
Planning for Business Continuation				
Attracting and Retaining Key Employees				
Indemnifying Business for Loss of Key Employees				
Enhancing Employee Benefit Program				
Using Business Dollars to Satisfy Owner's Personal Financial Security Needs				
Planning for an Owner's or Key Employee's Disability				
Providing Funds for Business Loan Repayment				
Other: _____				

## Employee Census

Name	Sex/ Smoker?	Date of Birth/ Date of Hire	Annual Compensation	Job Classification	Home Zip Code	No. of Dependents
1.	M F Y N	__/__/__ __/__/__				
2.	M F Y N	__/__/__ __/__/__				
3.	M F Y N	__/__/__ __/__/__				
4.	M F Y N	__/__/__ __/__/__				
5.	M F Y N	__/__/__ __/__/__				
6.	M F Y N	__/__/__ __/__/__				
7.	M F Y N	__/__/__ __/__/__				
8.	M F Y N	__/__/__ __/__/__				
9.	M F Y N	__/__/__ __/__/__				
10.	M F Y N	__/__/__ __/__/__				

## 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.

The information, general principles and conclusions presented in this report are subject to local, state and federal laws and regulations, court cases and any revisions of same. While every care has been taken in the preparation of this report, VSA, L.P. is not engaged in providing legal, accounting, financial or other professional services. This report should not be used as a substitute for the professional advice of an attorney, accountant, or other qualified professional.

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