
Confidential Business Planning Questionnaire

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Prepared for: _____

Prepared by: _____

Date: _____

General Business Information	
Name of Business:	_____
Address:	_____ _____ _____
Phone Number:	_____ Fax Number: _____
E-Mail Address:	_____
Type of Business:	<input type="radio"/> Sole Proprietorship <input type="radio"/> Partnership <input type="radio"/> Corporation (State of: _____) <input type="radio"/> S-Corporation (State of: _____) <input type="radio"/> P-Corporation (State of: _____) <input type="radio"/> 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. _____	_____	__/__/__	M F	____%	\$_____	____%
2. _____	_____	__/__/__	M F	____%	\$_____	____%
3. _____	_____	__/__/__	M F	____%	\$_____	____%
4. _____	_____	__/__/__	M F	____%	\$_____	____%
5. _____	_____	__/__/__	M F	____%	\$_____	____%

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? (Y or N)	Date of Birth	Date of Hire	Annual Compensa- tion	Key Employee? (Y or N)
1. _____	M F	Y N	__/__/__	__/__/__	\$_____	Y N
2. _____	M F	Y N	__/__/__	__/__/__	\$_____	Y N
3. _____	M F	Y N	__/__/__	__/__/__	\$_____	Y N
4. _____	M F	Y N	__/__/__	__/__/__	\$_____	Y N
5. _____	M F	Y N	__/__/__	__/__/__	\$_____	Y N
6. _____	M F	Y N	__/__/__	__/__/__	\$_____	Y N
7. _____	M F	Y N	__/__/__	__/__/__	\$_____	Y N
8. _____	M F	Y N	__/__/__	__/__/__	\$_____	Y N
9. _____	M F	Y N	__/__/__	__/__/__	\$_____	Y N
10. _____	M F	Y N	__/__/__	__/__/__	\$_____	Y N
11. _____	M F	Y N	__/__/__	__/__/__	\$_____	Y N
12. _____	M F	Y N	__/__/__	__/__/__	\$_____	Y N
13. _____	M F	Y N	__/__/__	__/__/__	\$_____	Y N
14. _____	M F	Y N	__/__/__	__/__/__	\$_____	Y N
15. _____	M F	Y N	__/__/__	__/__/__	\$_____	Y N
16. _____	M F	Y N	__/__/__	__/__/__	\$_____	Y N
17. _____	M F	Y N	__/__/__	__/__/__	\$_____	Y N
18. _____	M F	Y N	__/__/__	__/__/__	\$_____	Y N
19. _____	M F	Y N	__/__/__	__/__/__	\$_____	Y N
20. _____	M F	Y N	__/__/__	__/__/__	\$_____	Y N