

# FACT FINDER

## Confidential Business Fact Finder

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### GENERAL INFORMATION *(If you have multiple businesses, complete a Fact Finder for each business.)*

Company Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
 Principal Business Activity: \_\_\_\_\_ Years in Business: \_\_\_\_\_  
 Accountant/Attorney: \_\_\_\_\_

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### BUSINESS TYPE

- C Corporation** Corporation Tax Bracket \$ \_\_\_\_\_
- Public Corporation
  - Private Corporation
    - Personal Service Corporation     Sole Shareholder Corporation     Family Members as Owners
    - Is there a possibility this entity will go public?  Yes     No
    - If Yes, how soon? \_\_\_\_\_
- Pass-Through Entity for Tax Purposes**
- Partnership: Is it organized as a     General Partnership?     Limited Partnership?
  - LLC: Is it taxed as a partnership?     Yes     No
  - S Corporation: Was it always an S Corporation?  Yes     No
- Sole Proprietorship**
- Tax-Exempt Entity (Nonprofit)**

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### BUSINESS VALUE

1. Owner's estimate of Fair Market Value (FMV) of the business if sold today as a going concern.  
 \_\_\_\_\_
2. Will the business have significant value whether or not you are involved in the business?  Yes     No. Please explain.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



Owner %	Owned & Type of Interest(s)	Family Relationship (if any)	Date of Birth/ Health	Salary	Annual Dividend/ Distribution	Personal Tax Bracket %

1. What do the owners want to have happen to the business at retirement, disability, or death?

- Retain       Sell as a going concern       Liquidate

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2. What steps have been taken to accomplish this objective?

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3. Do you plan to retire? If so, have you worked out a retirement strategy? How much income will you need? When will it start? Sources? Please explain.

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4. Do you need cash flow from the business to support your retirement? Please explain.

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5. Are there benefits currently being provided to you and/or your family that you would like continued during your retirement? Please explain.

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6. If you are not able to be involved in the business, will your family's/spouse's financial security be tied to the business? How will they get income from the business? How much will they need? Please explain.

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Key Employee's Name	Date of Birth	Position in Business	Annual Income	Combined Federal & State Income Tax Bracket	Health	Owner? Yes/No

1. Is there a logical successor manager in the business? Please explain:

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2. Have any extra fringe benefits been provided to the key employees as an incentive for them to stay with the business? Please explain:

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3. Have provisions been made to offset the loss of business caused by the death or disability of any key employee? Please explain:

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Check the boxes indicating which benefits are in place and which you are interested in discussing further. If interested in discussing employee benefits further, complete the census on the next page.

Benefit or Plan	Have	Don't Have	Interested in Discussing
Group Insurance			
Medical			
Dental			
Life			
Long-Term Disability			
Long-Term Care			
Business Arrangements			
Key Person Arrangement			
Buy-Sell Arrangement			
Qualified Retirement Plan			
IRA			
SIMPLE IRA			
SEP IRA			
SIMPLE 401(k)			
401(k)			
Executive Benefits/Nonqualified Plans (Also complete Executive Benefits Supplement 0185837)			
Executive Bonus			
Restricted Executive Bonus			
[Split Dollar]			
Nonqualified Deferred Comp			
Other. Describe:			

*Continued on next page.*

**Employee Census Data for:** \_\_\_\_\_

(Company Name)

Name	Date of Birth/Age	Gender M or F	Smoker Y or N	Hire Date	Good Health Y or N	Gross Income	Full-time Y or N	Married Y or N	Spouse Age

Has there been a budget established for a new benefit program?  Yes  No  
How much are you willing to spend?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Rank the following concerns from 1 (very low) to 10 (very high)

- \_\_\_\_\_ **Transfer** — I see the need for an orderly transfer of this business at retirement, death, or a disability, and I am willing to take steps to help this transition.
- \_\_\_\_\_ **Personal Benefits** — I am interested in using business dollars to finance some of my financial/insurance needs.
- \_\_\_\_\_ **Employee Benefits** — I am interested in using business dollars to provide benefits to myself or selected employees as a means of recruiting, retaining, and rewarding.
- \_\_\_\_\_ **Taxes** — I am concerned that my business receives all the tax relief to which it is legally entitled and which is suitable and logical.
- \_\_\_\_\_ **Growth** — I can't afford to decrease my cash flow or business surplus because this business is in an expansion phase.

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