BUSINESS INVENTORY

ACTION FINANCIAL STRATEGIES LLC

Company

Full legal name of company: ______________________

Primary business activity: ______________________

Date of company's inception: ____________ Number of employees ____________

Type of business entity:

☐ C Corporation ☐ S Corporation ☐ General Partnership ☐ Limited Partnership ☐ LLC

Company Financial Data

Value of company: ______________________

Projected growth rate: ______________________

How was value determined: ______________________

Tax rate *(if a C Corp):* ______________________

AE&P account *(if an S Corp):* ______________________

Average gross revenue: ______________________

When was value determined: ______________________

Date of selection *(if an S corp):* ______________________

AAA account *(if an S Corp):* ______________________

Goals/Objectives for the Company

	Very Important	Important	Not Important
Position the company for success in the hands of successor	☐	☐	☐
Maximize the company's fair market value	☐	☐	☐
Retain company ownership throughout your lifetime	☐	☐	☐
Sell the company at or above fair market value	☐	☐	☐
Maintain the company at its current state without growing/expanding	☐	☐	☐

Ownership Information

Name	Age	Active/ Inactive	Voting %	Non-Voting %	Salary	Distributions

Family Members Employed by Company

Name	Age	Relationship	Position	Salary

Succession Planning

(If a succession plan is currently in place)

Is a written plan in place: __________ Date executed: __________

Describe the current plan: __________

Company value per the plan: __________ Plan funding: __________

Impediments to the current plan: __________

(If no succession plan is currently in place)

Which options would you like to learn more about:

☐ Transfer to family members ☐ Employee buyout ☐ Sale to co-owners ☐ Sale to outside parties ☐ Liquidation

Current Life Insurance

Company/ Policy Type	Insured	Owner	Beneficiary	Cash Value	Death Benefit	Purpose (key person, buy-sell, NQDC)

Retirement Plan

Describe your current Company Retirement Plan Package (if offered):

Key Employees/Executives

Name	Salary	Role	Time with Company	Age *(approximate)*

Advisors

Business Insurance Advisor/Group: ______________________________

Business Accountant: ______________________________

Payroll? *(internal, external, group):* ______________________________

Business Attorney: ______________________________

Business Banker: ______________________________

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