

# Business Insights Fact Finder

Please complete this brief form to get insights on how to better protect, grow, and plan for your business.

Client Name

Client Age

Business Name

Tax Structure

Industry

  
  


**We are here to help**

Contact your financial professional with questions

*Private & Confidential*

# Earnings

Reference your profit/loss and income statements to provide a picture of the earnings of the company.

Work with your accountant and advisor to identify **Adjustments to Normalize Earnings**.\*

Profit & Loss	Year 1: _____	Year 2: _____	Year 3: _____
Revenue	<input type="text" value="\$"/>	<input type="text" value="\$"/>	<input type="text" value="\$"/>
Cost of Goods Sold	<input type="text" value="\$"/>	<input type="text" value="\$"/>	<input type="text" value="\$"/>
Operating Expenses	<input type="text" value="\$"/>	<input type="text" value="\$"/>	<input type="text" value="\$"/>
Non-Operating Expenses	<input type="text" value="\$"/>	<input type="text" value="\$"/>	<input type="text" value="\$"/>
Interest Expense	<input type="text" value="\$"/>	<input type="text" value="\$"/>	<input type="text" value="\$"/>
Depreciation	<input type="text" value="\$"/>	<input type="text" value="\$"/>	<input type="text" value="\$"/>
Amortization	<input type="text" value="\$"/>	<input type="text" value="\$"/>	<input type="text" value="\$"/>
Net Income	<input type="text" value="\$"/>	<input type="text" value="\$"/>	<input type="text" value="\$"/>

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**Adjustments to normalize earnings**

Annual profit sharing, excess owner compensation, charitable contributions, and other discretionary expenses may be added back to better reflect true earnings.

# Assets & Liabilities

Please provide balance sheet data from the most recent year available.

Assets	Most recent year
Cash and Cash Equivalents	<input type="text" value="\$"/>
Accounts Receivable	<input type="text" value="\$"/>
Other Current Assets	<input type="text" value="\$"/>
Fixed Assets	<input type="text" value="\$"/>
Other Long-term Assets	<input type="text" value="\$"/>

Liabilities	
Accounts Payable	<input type="text" value="\$"/>
Credit Cards	<input type="text" value="\$"/>
Other Current Liabilities	<input type="text" value="\$"/>
Other Long-Term Debt	<input type="text" value="\$"/>

# Growth & Risk Assessment

The following questions help us understand how your practices and operations impact your valuation and identify areas for growth and risk management.

**What percent of the company do you own?**

 %

**How many customers does the business have?**

**What percent of revenue is generated by the top 5 customers?**

- 0 - 15%  16 - 25%  26 - 35%  36 - 50%  51 - 100%

**What percent of your revenue is recurring, renewing, or one-time?**

% Recurring  % Renewing  % One-time

**What percent of revenue relies on any one vendor?**

 %

**Who maintains your financial records? (Select one)**

- I do  Internal accounting / finance team  Bookkeeper only  CPA only  Bookkeeper & CPA

**If you left the business, how likely is a decline in revenue / profit?**

- Very Unlikely  Unlikely  Neutral  Likely  Very Likely

**Think of key employees. If they left, how likely is a decline in revenue / profit?**

- Very Unlikely  Unlikely  Neutral  Likely  Very Likely

**Do you have a buy-sell agreement and funding in place?**

- Yes  No  I'm not sure

**When was the last time your buy-sell agreement and funding was reviewed?**

- Within the last year  1-3 years  3+ years  Not applicable

# Goals for life after your business

The following questions help us understand how you see the business fitting into your life plans.

## What is most important to you when the time comes to exit your business?

(Rank the following exit priorities from 1 to 5 by placing a number next to each)

- | Rank                 | Item   |
|----------------------|--|
| <input type="text"/> | Maintain control over the timing and terms of the exit |
| <input type="text"/> | Maximize the financial value of the exit               |
| <input type="text"/> | Preserve the business mission, values, and culture     |
| <input type="text"/> | Step away completely after the transition              |
| <input type="text"/> | Stay involved in the business after the transition     |

## What does a successful exit from your business look like? (Select one)

- Open to exploring my options
- Transition ownership to family
- Transition ownership to employees or management
- Sell to a third party (M&A, private equity, etc.)

## Ideally what age would you like to exit the business?

yrs. old

## How much cash from exiting the business are you relying on to fund your retirement?

I need at least this much from exit to fund my retirement:

\$

# Exit Readiness Checklist

The following checklists help us understand and score how prepared you and your business are for an exit. Check a box when the item is completed.

## Personal Readiness

### Item

- Identify net proceeds from exit needed to fund goals
- Build team of professionals
- Identify tax optimization strategies
- Confirm Up-to-Date Buy-Sell Agreement and Insurance Policy is in Place
- Clearly define transition priorities
- Identify ideal exit timeline
- Review succession & exit plan with family
- Identify how you will spend your time after transition

## Business Readiness

### Item

- Identify ideal succession & exit path
- Identify successors / buyers
- Prepare for legal, financial, and operational diligence
- Strengthen standard operating practices (SOPs)
- Mitigate key business risks
- Help ensure strength and retention of key employees
- Organize financial records with accountant



## Thank you

We appreciate the trust you place in us!  
We will be in touch with business insights shortly.