



# THE APS/PEB PROGRAM FEASIBILITY QUESTIONNAIRE

Business Owner Wealth Strategies, LLC

Today's Date: \_\_\_\_\_ Name of APS PROGRAM Representative: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**PLEASE NOTE: All Information Will Be Held in Strictest Confidence**

Return Completed Form To: APS PLANNING GROUP (Ph: 949.559.4912) Scan & E-Mail to [mark@synergylink.net](mailto:mark@synergylink.net) or Fax: 949.559.1422

## Business General Information

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

Website: \_\_\_\_\_ Fax: \_\_\_\_\_ Primary Contact's Name: \_\_\_\_\_

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

E-mail: \_\_\_\_\_ Yr. Founded or Acquired: \_\_\_\_\_ Fiscal Year End: \_\_\_\_\_

Type of Business:  C-Corp  S-Corp  LLC  LLP  Partnership  Professional Corp  Sole Proprietorship

Types of Products Made/Services Provided: \_\_\_\_\_

Where Products/Services Sold:  Local  Statewide  National  International If So, Where: \_\_\_\_\_

No. Full Time Employees: \_\_\_\_\_ Annual Payroll: \$ \_\_\_\_\_ No. Union Employees: \_\_\_\_\_ Union Payroll: \$ \_\_\_\_\_

## Business Financial Information

Ann. Gross Revenue Last Full Fiscal Yr: \$ \_\_\_\_\_ Previous Yr: \$ \_\_\_\_\_

Net Profit Before Taxes: Last Full Fiscal Yr: \$ \_\_\_\_\_ Previous Yr: \$ \_\_\_\_\_

Bus. Income Taxes Pd Last Yr (if known) \$ \_\_\_\_\_ Previous Yr: \$ \_\_\_\_\_

YTD Estimation (Brief narrative or Revenue/Net if available): \_\_\_\_\_

Estimated Average Annual Revenue Growth Next 5 Yrs : \_\_\_\_\_ % Book Value: \$ \_\_\_\_\_ Est. Fair Mkt Value \_\_\_\_\_

Current Debt: \$ \_\_\_\_\_ Long Term Debt: \$ \_\_\_\_\_ Curr. Receivables: \$ \_\_\_\_\_ Avg. Age of Receivables: \_\_\_\_\_

Available Bank Credit Line: \$ \_\_\_\_\_ Other Considerations Impacting Value: \_\_\_\_\_

Other Controlled or Affiliated Businesses (Describe): \_\_\_\_\_

## Business Owner Information

Stockholder (First, Last, Middle Init.)	Date of Birth	No. of Shares Held	Pct. of Ownership

If more space needed, use ADDITIONAL INFORMATION, on back of this form

## Business Retirement/Succession Information

Yes No

Does the business have solid mgmt. that can run the business in the absence of the current owner? \_\_\_\_\_

Does a Buy/Sell Agreement exist? If yes, what is the amount funded at death? \$ \_\_\_\_\_ Disability: \$ \_\_\_\_\_

Are the owner's children potential successors? \_\_\_\_\_

Are there any other relatives employed by the business? \_\_\_\_\_

Does the business have an existing Government Qualified Plan? (If so, please provide information below) \_\_\_\_\_

Defined Benefit Pension Plan Assets: \$ \_\_\_\_\_ Annual Contribution: \$ \_\_\_\_\_

Profit Sharing Plan Assets: \$ \_\_\_\_\_ Annual Contribution: \$ \_\_\_\_\_

401k Plan Assets: \$ \_\_\_\_\_ Corporate Match: \_\_\_\_\_ %

SEP IRA Assets: \$ \_\_\_\_\_ Corporate Match: \_\_\_\_\_ %

Other: \_\_\_\_\_ Assets: \$ \_\_\_\_\_ Corporate Match: \_\_\_\_\_ %

**Please rank EACH of the following business & personal objectives from 1 to 5, 1 being the most important, 5 being the least**

- \_\_\_ Save on business income taxes
- \_\_\_ Save on personal income taxes for shareholders
- \_\_\_ Cash out one or more shareholders
- \_\_\_ Owner(s) wishes to retire; In \_\_\_\_\_ yrs.
- \_\_\_ Sell or merge the business without major tax consequences
- \_\_\_ Acquire another business
- \_\_\_ Acquire additional equipment/assets with non-taxed funds
- \_\_\_ Attract and retain key employees
- \_\_\_ Increase business profitability
- \_\_\_ Increase asset protection

