



COMPANY INFORMATION

Company Name: _____

Address: _____

City, State, Zip: _____

Person(s) to contact regarding this information:

Name: _____	Name: _____
Title: _____	Title: _____
Phone: (____) ____ - _____	Phone: (____) ____ - _____
Email: _____	Email: _____

Years in business: ____ Principal business activity: _____

State where incorporated: _____ Fiscal year end: _____

____ LLC If an LLC, are you taxed as S Corp ____ or partnership ____

____ C Corporation ____ S Corporation

If an S Corp, do you qualify for the 20% Pass-Through Income Tax Deduction? ____ Yes ____ No

Accounting method: ____ Cash ____ Accrual

Is the company a Minority or Women-Owned Business? ____ Yes ____ No

PREVIOUS VALUATIONS

Have you ever had a valuation of the Company? Yes ____ (please provide a copy) No ____

Value: \$ _____ Determined by whom? _____

When was this completed? _____

EMPLOYEES

Do you participate in a PEO? ___ Yes ___ No

	Number of Employees	Annual Payroll
Salaried		
Hourly Non-Union		
Hourly Union		

EXISTING BENEFIT PLAN INFORMATION

	Yes/No	Most Recent Annual Employer Contribution (\$)
Profit sharing plan		
401(k) plan		
Defined benefit plan		
Simple Plan		
Other:		

OBJECTIVES FOR CONSIDERING AN ESOP (Please Rank 1, 2, etc. or N/A):

- | | |
|--------------------------|--|
| ___ "Tax-free" liquidity | ___ Exit Strategy (if yes, how soon) _____ |
| ___ Sale to management | ___ Maximize retirement benefits |
| ___ Estate planning | ___ Increase employee productivity |
| ___ Charitable giving | ___ Employee retention & motivation |
| ___ Attract Executives | ___ Increase corporate tax deduction |
| Other: _____ | |

