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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 CorporationS Corporation								
If an S Corp, do you qualify for the 20% Pass-Through Income Tax Deduction?YesNo								
Accounting method:CashAccrual								
Is the company a Minority or Women-Owned Business?YesNo								
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: \_\_\_\_\_

# **OWNERSHIP**

Shareholder Name	Shares	%	Age	Employee?	Annual Compensation	State of Residence	If C Corp, Provide Basis in Stock	If S Corp, Accumulated Adjustment Account Balance

# FAMILY MEMBERS

Please provide a breakout of any family members employed by the company:

Name	Relation	Age	Annual Compensation	Compensation considered market rate?	Annual Hours