



Confidential

Business Planning Intake Form

Dear Client,

Thank you in advance for placing your trust in our Firm and allowing our attorneys to assist you with your business succession planning. Since 2002, our attorneys have assisted thousands of business owners with creating a plan for the continued operations of their businesses.

Quality business planning requires a review of your business and financial information, as well as a candid discussion of your business circumstances, needs, goals, and wishes.

Please complete the attached Confidential Business Succession Planning Intake Form as thoroughly as possible. The information you provide allows us to assess your specific business needs and create a comprehensive plan that protects you, your business partners, and your assets. Please return the completed form at least two (2) weeks prior to your scheduled meeting.

All information you share with our Firm will remain confidential and is a privileged attorney/client communication. Additional conflicts, privacy and security policies can be found at evansdavis.com/forms.

Following our initial meeting, we will provide you a recommended course of action along with an outline of proposed professional fees to complete your plan.

If you have any questions or need help at any time during the intake process, please contact us at (866) 708-2335 or via e-mail at attorneys@evansdavis.com. If for any reason you need to change or cancel your initial appointment or any subsequent appointment, please notify us at least 48 hours ahead of time.

Congratulations on your commitment to move forward with this critical process. Our Firm takes great pride in building long-standing relationships with each of our clients. Ultimately, our goal is to serve you and your business for a lifetime.

All our best,
Your Attorneys at Evans & Davis



Business Planning Intake Form

Personal and Confidential

Legal Name of Business: _____

Other Names Used/DBA's: _____

FEI Number of Business: _____

Date of Incorporation: _____

In what state was the business created? _____

What type of business entity is the Company?

Sole Proprietorship LLC PLLC

Corporation Partnership

How is your business currently being taxed? C-Corp S-Corp Partnership Sole Proprietorship

Physical Address of Company (Street Address): _____

City: _____

State: _____

Zip: _____

County: _____

Mailing Address of Business (Street Address or P.O. Box): _____

City: _____

State: _____

Zip: _____

County: _____

Main Phone Number of Business: _____

Fax Number of Business: _____

Preferred Email Address(es): _____

Website for Business: _____

Number of Owners or Shareholders:

1 2 3 4 5 Other _____

Outstanding Stock: _____

Issued Stock: _____

Annual Gross Revenue: \$ _____

Annual Net Profit: \$ _____

Referred to Evans & Davis by: _____



General Background Information

Has the Business changed ownership since inception? Yes No N/A

If the Business is an LLC, does it have a signed and updated Operating Agreement? Yes No N/A

If yes, please send the Firm a copy of the most recent executed Operating Agreement.

If the Business is a Corporation, does it have signed and updated Corporate Bylaws? Yes No N/A

If yes, please send the Firm a copy of the most recent executed Corporate Bylaws.

If the Business is a Corporation, does it have annual minutes for every year since the inception of the Business? Yes No N/A

If yes, please send the Firm a copy of all executed Corporate Minutes since inception.

Does the Business have an executed Buy Sell Agreement between the owners? Yes No N/A

If yes, please send the Firm a copy of the most recent executed Buy Sell Agreement.

Does the Business need to create a new Buy Sell Agreement or update an existing owner? Yes No N/A

Who is the registered agent with the State?

Is the Company current on yearly business filings to keep the company active with the state? Yes No N/A

Does the Business have any unpaid federal or state taxes? Yes No N/A

If yes, please explain:

Does this business have any litigation against it? Yes No N/A

If yes, please explain:

Does this Business have any unpaid or unsatisfied judgments against it? Yes No N/A

If yes, please explain:



Business Owner Information

Business Owner Number 1

Full Legal Name of Business Owner:

Percentage of Ownership (or shares of stock):

Spouse/Partner (if married):

Home Mailing Address of Business Owner:

Office Number:

Cell Number:

Personal Email:

SSN:

Date of Birth:

Has the business owner ever personally filed bankruptcy?

Yes

No

Position or roles within the Business:

Typical number of hours worked per week with the Business:

Does business owner have a prenuptial agreement?

Yes

No

If yes, please provide a copy of the executed prenuptial agreement.

Does business owner have any health issues that would affect their life expectancy?

Yes

No

If yes, please explain:

Does business owner have an Estate Plan?

Yes

No

If yes, does the business owner's Estate Plan utilize a trust?

Yes

No

If yes, please provide a copy of the applicable Trust.

If yes, are the business owner's shares or units of the business owned in trust?

Yes

No

If yes, please provide a copy of the Assignment or Transfer Documentation.

Does the business owner have a spouse, children, or relatives that work for the Business?

Yes

No

If so, please provide their names, roles, and relationships:

Following the business owner's death or incapacity, would he/she like for their family to continue and/or operate their share of the Business?

Yes

No

If yes, please explain:

Please list other businesses owned or managed by the business owner:



Business Owner Information

Business Owner Number 2 (if applicable)

Full Legal Name of Business Owner:

Percentage of Ownership (or shares of stock):

Spouse/Partner (if married):

Home Mailing Address of Business Owner:

Office Number:

Cell Number:

Personal Email:

SSN:

Date of Birth:

Has the business owner ever personally filed bankruptcy?

Yes No

Position or roles within the Business:

Typical number of hours worked per week with the Business:

Does business owner have a prenuptial agreement?

Yes No

If yes, please provide a copy of the executed prenuptial agreement.

Does business owner have any health issues that would affect their life expectancy?

Yes No

If yes, please explain:

Does business owner have an Estate Plan?

Yes No

If yes, does the business owner's Estate Plan utilize a trust?

Yes No

If yes, please provide a copy of the applicable Trust.

If yes, are the business owner's shares or units of the business owned in trust?

Yes No

If yes, please provide a copy of the Assignment or Transfer Documentation.

Does the business owner have a spouse, children, or relatives that work for the Business?

Yes No

If so, please provide their names, roles, and relationships:

Following the business owner's death or incapacity, would he/she like for their family to continue and/or operate their share of the Business?

Yes No

If yes, please explain:

Please list other businesses owned or managed by the business owner:



Business Owner Information

Business Owner Number 3 (if applicable)

Full Legal Name of Business Owner:

Percentage of Ownership (or shares of stock):

Spouse/Partner (if married):

Home Mailing Address of Business Owner:

Office Number:

Cell Number:

Personal Email:

SSN:

Date of Birth:

Has the business owner ever personally filed bankruptcy?

Yes No

Position or roles within the Business:

Typical number of hours worked per week with the Business:

Does business owner have a prenuptial agreement?

Yes No

If yes, please provide a copy of the executed prenuptial agreement.

Does business owner have any health issues that would affect their life expectancy?

Yes No

If yes, please explain:

Does business owner have an Estate Plan?

Yes No

If yes, does the business owner's Estate Plan utilize a trust?

Yes No

If yes, please provide a copy of the applicable Trust.

If yes, are the business owner's shares or units of the business owned in trust?

Yes No

If yes, please provide a copy of the Assignment or Transfer Documentation.

Does the business owner have a spouse, children, or relatives that work for the Business?

Yes No

If so, please provide their names, roles, and relationships:

Following the business owner's death or incapacity, would he/she like for their family to continue and/or operate their share of the Business?

Yes No

If yes, please explain:

Please list other businesses owned or managed by the business owner:



Business Owner Information

Business Owner Number 4 (if applicable)

Full Legal Name of Business Owner:

Percentage of Ownership (or shares of stock):

Spouse/Partner (if married):

Home Mailing Address of Business Owner:

Office Number:

Cell Number:

Personal Email:

SSN:

Date of Birth:

Has the business owner ever personally filed bankruptcy?

Yes No

Position or roles within the Business:

Typical number of hours worked per week with the Business:

Does business owner have a prenuptial agreement?

Yes No

If yes, please provide a copy of the executed prenuptial agreement.

Does business owner have any health issues that would affect their life expectancy?

Yes No

If yes, please explain:

Does business owner have an Estate Plan?

Yes No

If yes, does the business owner's Estate Plan utilize a trust?

Yes No

If yes, please provide a copy of the applicable Trust.

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Yes No

If yes, please provide a copy of the Assignment or Transfer Documentation.

Does the business owner have a spouse, children, or relatives that work for the Business?

Yes No

If so, please provide their names, roles, and relationships:

Following the business owner's death or incapacity, would he/she like for their family to continue and/or operate their share of the Business?

Yes No

If yes, please explain:

Please list other businesses owned or managed by the business owner:



Introduction to Buy/Sell Agreement

1. Does the Business have a written or oral business succession plan? Yes No

2. Have the owners of the Business generally discussed what should occur when one of the owners dies? Yes No

If so, briefly explain:

3. Have the owners of the Business generally discussed what should occur if one of the owners divorce and the non-owner spouse asserts ownership of the Business? Yes No

If so, briefly explain:

4. Does the Business provide Disability Insurance to the owners? Yes No

5. Does the Business insure the owners on its Workers Compensation Insurance? Yes No

6. Have the owners considered utilizing life insurance to purchase each other's equity at death? Yes No

7. Does the Business own life insurance on the owners? Yes No

If yes, please provide information on each policy (carrier, cash value, death benefit, beneficiary, etc.):

8. Are there key employees associated with the Business other than the owners? Yes No

If yes, please provide their names and general information:

9. If there are key employees associated with the Business, would they have the ability to assume ownership following the owner's death(s)? Yes No

10. Has the Business ever been formally valued through a business evaluation? Yes No

Date of Valuation	Entity that Completed Valuation	Amount
_____	_____	\$ _____
_____	_____	\$ _____

11. Amount the owners believe the Business is currently valued at on the Market? _____



Advisors

Financial Planner:

Company: _____

Address: _____

Phone: _____

Email: _____

Client(s) authorize(s) Evans & Davis Attorneys to contact their Financial Planner?

Yes

No

Accountant:

Company: _____

Address: _____

Phone: _____

Email: _____

Client(s) authorize(s) Evans & Davis Attorneys to contact their Accountant?

Yes

No

Life Insurance Agent:

Company: _____

Address: _____

Phone: _____

Email: _____

Client(s) authorize(s) Evans & Davis Attorneys to contact their Life Insurance Agent?

Yes

No

Attorney:

Company: _____

Address: _____

Phone: _____

Email: _____

Client(s) authorize(s) Evans & Davis Attorneys to contact their Personal Attorney?

Yes

No

Contact Information

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