



**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 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](http://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](mailto: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: \_\_\_\_\_

How is Real Estate Owned? \_\_\_\_\_

Existing Company    Other Company    Self    Other

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: \$ \_\_\_\_\_

List any existing life insurance policies intended for use in funding the Buy-Sell Agreement (for each such policy, please provide the name of the policy owner, the insured, the beneficiary, and the death benefit amount)

\_\_\_\_\_  
\_\_\_\_\_

Referred to Evans & Davis by: \_\_\_\_\_



# General Background Information

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

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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

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Who is the registered agent with the State?

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

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

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If yes, please explain:

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

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If yes, please explain:

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

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If yes, please explain:

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# Business Owner Information

## Business Owner Number 1

Full Legal Name of Business Owner:

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Percentage of Ownership (or shares of stock):

Spouse/Partner (if married):

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Home Mailing Address of Business Owner:

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Office Number:

Cell Number:

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Mr/Mrs/Other:

Personal Email:

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SSN:

Date of Birth:

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Has the business owner ever personally filed bankruptcy?

Yes

No

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Position or roles within the Business:

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Typical number of hours worked per week with the Business:

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Does business owner have a prenuptial agreement?

Yes

No

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*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

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If yes, please explain:

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Does business owner have an Estate Plan?

Yes

No

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

Yes

No

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*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

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*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

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

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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

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If yes, please explain:

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

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What is your current health status?

Excellent

Good

Poor

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Any specific health concerns/issues?

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# 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: \_\_\_\_\_

Mr/Mrs/Other: \_\_\_\_\_ 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: \_\_\_\_\_

What is your current health status? \_\_\_\_\_ Excellent Good Poor

Any specific health concerns/issues? \_\_\_\_\_



# 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: \_\_\_\_\_

Mr/Mrs/Other: \_\_\_\_\_ 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: \_\_\_\_\_

What is your current health status? \_\_\_\_\_ Excellent Good Poor

Any specific health concerns/issues? \_\_\_\_\_



# 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:

Mr/Mrs/Other:

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:

What is your current health status?

Excellent

Good

Poor

Any specific health concerns/issues?





# 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:

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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:

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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.):

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

If yes, please provide their names and general information:

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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
<hr/>	<hr/>	\$ <hr/>
<hr/>	<hr/>	\$ <hr/>

11. What do the owners believe is the current market value of the Business? \$ 

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# 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





