



## EXPLORING BUSINESS OWNER FINANCIAL PRIORITIES

### Business Gap Analysis Questionnaire

Date: 6/29/2011 Company Name: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_ Phone/Email: \_\_\_\_\_

*Answer the questions below, then rate their level of importance to you. (1 most important, 6 least important)*

	Yes	No	Ranking
<b>1. Exit Planning</b> Have you established a definite time period to transfer your business to a specific party at an established price?	<input type="checkbox"/>	<input type="checkbox"/>	
<b>2. Retirement Income</b> Are you or your key employees able to set aside enough money for retirement, considering the limited amount of contributions that can be made to an employer-sponsored 401(k) plan? Do you have fringe benefits in place to help you recruit, reward and retain key employees?	<input type="checkbox"/>	<input type="checkbox"/>	
<b>3. Business Protection</b> In the event of a death, resignation of a key employee or a future change in management, would you business be as successful as it is today?	<input type="checkbox"/>	<input type="checkbox"/>	
<b>4. Wealth Transfer</b> Is your will/trust current and does it accurately reflect how you want your assets distributed?	<input type="checkbox"/>	<input type="checkbox"/>	
<b>5. Survivor Income</b> Will your spouse and beneficiaries be able to maintain their desired standard of living after your death?	<input type="checkbox"/>	<input type="checkbox"/>	
<b>6. Income Protection</b> Upon accident or severe illness, would you be able to meet present financial obligations based on your expected income during that stressful time?	<input type="checkbox"/>	<input type="checkbox"/>	

#### COMPANY INFORMATION

<b>1. Business Name</b>	_____
<b>1a. Owner's Name</b>	_____
<b>2. Type of Business Entity</b>	<input type="checkbox"/> C Corp. <input type="checkbox"/> S Corp. <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> LLP <input type="checkbox"/> Other
<b>3. Total Number of Employees</b>	_____
<b>4. Number of Business Owners</b>	_____
<b>5. How many years has the business been operating?</b>	_____
<b>6. Business Tax Rate</b> <i>(enter owner's tax rate if business is taxed as flow-through organization)</i>	_____
<b>7. Professional Advisors</b> <i>(provide name, phone and address)</i>	_____
<b>Attorney</b>	_____
<b>Accountant</b>	_____
<b>Banker</b>	_____
<b>Insurance Advisor</b>	_____
<b>Investment Advisor</b>	_____
<b>Employee Benefits Advisor</b>	_____

RETURN COMPLETED FORM by email to [info@bellavita.us](mailto:info@bellavita.us) or fax to (561) 431-5909.