

Business Owner Fact Finder

For use with ChBEP program



CONFIDENTIAL

Prepared by:

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We'll help you get there.®

Please provide a cover letter explaining purpose of the review and expected outcome.

Family data

Name: _____ DOB: _____

Spouse name: _____ DOB: _____

Child: _____ DOB: _____

Child: _____ DOB: _____

Child: _____ DOB: _____

Address: _____

Telephone: _____ Email: _____

Name and address of attorney: _____

Name and address of accountant: _____

Business data

Business name: _____

Address: _____

Telephone: _____

Web address: _____ Email: _____

Name and address of attorney: _____

Name and address of accountant: _____

Business organization (under state law)

- | | | |
|--|---|---|
| <input type="checkbox"/> Sole partnership | <input type="checkbox"/> General Proprietorship | <input type="checkbox"/> Limited Partnership |
| <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> C Corporation | <input type="checkbox"/> S Corporation |
| <input type="checkbox"/> Professional Association | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Professional Corporation |

Date established/State of incorporation: _____

Type of business

- ☐ Agriculture, forestry and fishing ☐ Mining ☐ Construction ☐ Manufacturing
☐ Transportation and public utilities ☐ Wholesale trade ☐ Retail trade ☐ Finance, insurance and real estate
☐ Services ☐ Other _____

☐ Description of main business activity _____

Accounting: ☐ Accrual ☐ Cash Basis ☐ Fiscal year ends _____

Number of employees/owners

Owner employees	Other Officers/ Key personnel	Other salaried	Non union	Union	Total
Stockholders: _____					
Partners: _____					

Business ownership and income

Principal owners and position	Age	Ownership %	Relationship (family or non-family)	Annual salary (W-2 or K-1 distribution)	Bonus

Are there any restrictions on the transfer of stock? _____

Business real estate (owned or leased)

Please list all real estate associated with the business. It is important to understand whether the real estate will be treated as part of the business in any sale or retained by you as a source of income. If the real estate is owned by a separate LLC or business, please note.

Location/Address	How owned?	Fair market value	Mortgage information	Rent paid	Retirement income?

What will happen to any real estate associated with the business once the business is transferred? _____

I.B.E.T.E.

Five questions that business owners should be asking themselves.

1. **Income:** How would your family's standard of living be maintained in the event you die, become disabled or retire? _____

2. **Business loans:** Many business owners have to personally guarantee business loans. What happens to these loans if you die, become disabled or retire? _____

3. **Employees:** Many businesses depend on one or two key employees. What would happen to the business if your key employee(s) dies, became disabled, or just didn't show up at work? _____

4. **Transfer:** You will eventually exit your business. What would you like to do with the business when that time comes? _____

5. **Estate Planning:** Should you be concerned about Federal or State gift or inheritance taxes? _____

Income needs planning

What income will your spouse require in the event of your death to maintain a lifestyle he/she is comfortable with?

What income will you require in the event you become disabled or retire? _____

Do you plan on liquidating the business upon your death, disability or retirement? If so, what plans do you have in place to maintain your lifestyle or the lifestyle of your spouse? _____

What income sources are available to meet your needs? _____

Business loans needs planning

How much long term debt does the business carry and for what term? Will these loans be called in the event of a death?

Employee needs planning

How would your Business be impacted in the event a key employee became disabled, died or retired? _____

What would happen to the families of your key employees in the event they died or became disabled? _____

Provide the following information on your key employees

Name	Position	DOB	Benefits provided	Salary	Possible owner?

Transfer of the business

How will the business be managed if you are unable to maintain your current position either through death, disability or retirement?

If the business is family owned, how do you feel about keeping it in the family? _____

Who would you like to transfer your ownership interest to? _____

What steps have you taken to ensure the smooth transition/succession of your business? (A smooth transition will increase the chances of retaining key employees and clients and assure creditors that the business can continue) _____

What key employee programs do you have in place to attract and/or assist potential buyers? _____

Do you have any special business concerns (government contracts, international customers/ agreements etc)? _____

Business plans/Valuation

What do you estimate is the fair market value of the business? How did you come up with this figure? Do you have a buyer in mind? _____

Does this estimate include an allowance for goodwill? If so, why and how many years will the goodwill last? _____

Has the business ever been professionally valued? If so, when and for how much? (Please attach a copy of the appraisal)

Assets

What is the Fair Market Value of: 1) Land owned by the business _____

2) Building and equipment owned by the business _____

What percentage (%) would you expect to recover in asset values in the event of a forced liquidation (typically 30%-60%)? _____%

If Cash Basis accounting is used, what is the value of the Accounts Receivable at the end of the prior Fiscal Year? \$ _____

What percent of Accounts Receivable could be collected in the event of a forced liquidation (typically 30%-80%)? _____%

Does the business benefit from any special intellectual property rights (patents, copyrights etc)? What value have you assigned to these rights? _____

Have there been any material events since the last fiscal year that could have an impact on the value of the business (i.e., contingent liability, lawsuits, patents, new distribution partners)? _____

Explain any material fluctuations in income or value over the past 3 to 5 years (if applicable) _____

Estate planning

What are your plans to help your family pay potential estate taxes? _____

What kind of long-term care plans do you have? _____

If you intend to transition the business to your children, are there any who will not be a part of this transition? How do you intend to address issues of treating each child fairly and equitably? _____

Should assets being passed to your children be protected from divorce and other creditors? _____

Estate planning documents

Do you have a current will? If not, state intestate laws will determine who receives your property. _____

Will/Date of last review _____

Trust agreements/Date of last review _____

Do you have charitable intent? _____

Asset inventory

Asset	Value	Debt	Ownership
Home			
Vacation home			
Additional real estate			
401(k)/IRA			
Cash			
Investments			

Existing insurance: Corporate

Amount: _____	Company: _____
Product: _____	Premium: _____
Owner: _____	Beneficiary: _____ Recent audit? _____

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Product: _____	Premium: _____
Owner: _____	Beneficiary: _____ Recent audit? _____

Amount: _____	Company: _____
Product: _____	Premium: _____
Owner: _____	Beneficiary: _____ Recent audit? _____

Benefits to Business Owner

1. Pension contribution paid by business? \$ _____
2. Life insurance premium paid by business? \$ _____
3. Health insurance premiums paid by business? \$ _____
4. Company car, travel, meals, etc. paid by business? \$ _____
5. Other benefits (e.g., stock options, memberships, etc.)? \$ _____

Existing insurance: Personal

Amount: _____	Company: _____
Product: _____	Premium: _____
Owner: _____	Beneficiary: _____ Recent audit? _____

Amount: _____	Company: _____
Product: _____	Premium: _____
Owner: _____	Beneficiary: _____ Recent audit? _____

Amount: _____	Company: _____
Product: _____	Premium: _____
Owner: _____	Beneficiary: _____ Recent audit? _____

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Amount: _____	Company: _____
Product: _____	Premium: _____
Owner: _____	Beneficiary: _____ Recent audit? _____

Amount: _____	Company: _____
Product: _____	Premium: _____
Owner: _____	Beneficiary: _____ Recent audit? _____

Client's objectives

What would be the state of your affairs if you had died 90 days ago? _____

Does your current plan reflect your current objectives? _____

Do you Understand the “real” value of your business and how it supports your family? (Utilize Business Valuation Diagnostic Tool – SB10215) _____

Comments _____

Financial documents checklist

- ☐ Copies of **business** financial documents (3 to 5 years) including tax returns, profit and loss statements and balance sheets
- ☐ Copies of **personal** tax returns (3 to 5 years)
- ☐ Personal Financial Statement
- ☐ Copies of Buy-Sell Agreements (including insurance information if applicable and available)
- ☐ Copies of Estate Planning documents (Wills, Trusts, Living Wills, Healthcare proxies, etc.)
- ☐ Corporate and personally owned life insurance summary

