

# Business Insights Fact Finder

Please complete this brief form to get insights on how to better protect, grow, and plan for your business.

**Business Name:**

**Tax Structure:**

**Industry:**

  
  
  


**We are here to help**

✉ Contact your financial professional with questions

*Private & Confidential*

# Earnings

Reference your profit/loss and income statements to provide a picture of the earnings of the company.

Work with your accountant and advisor to identify ***Adjustments to Normalize Earnings.\****

Profit & Loss

Year 1: \_\_\_\_\_

Year 2: \_\_\_\_\_

Year 3: \_\_\_\_\_

Revenue

\$

\$

\$

Cost of Goods Sold

\$

\$

\$

Operating Expenses

\$

\$

\$

Non-Operating Expenses

\$

\$

\$

Interest Expense

\$

\$

\$

Depreciation

\$

\$

\$

Amortization

\$

\$

\$

Net Income

\$

\$

\$

**Adjustments to normalize earnings**

\$

Annual profit sharing, excess owner compensation, charitable contributions, and other discretionary expenses may be added back to better reflect true earnings.

# Assets & Liabilities

Please provide balance sheet data from the most recent year available.

## Assets

### Year 1

**Cash and Cash Equivalents**

\$

**Accounts Receivable**

\$

**Other Current Assets**

\$

**Fixed Assets**

\$

**Other Long-term Assets**

\$

## Liabilities

**Accounts Payable**

\$

**Credit Cards**

\$

**Other Current Liabilities**

\$

**Other Long-Term Debt**

\$

# Growth & Risk Assessment

The following questions help us understand how your practices and operations impact your valuation and identify areas for growth and risk management.

**What percent of the company do you own?**

 %

**How many customers does the business have?**

**What percent of revenue is generated by the top 2 customers?**

☐ 0 - 15% ☐ 16 - 25% ☐ 26 - 35% ☐ 36 - 50% ☐ 51 - 100%

**What percent of your revenue is recurring, renewing, or one-time?**

% Recurring  % Renewing  % One-time

**What percent of revenue relies on any one vendor?**

 %

**How much do you expect your revenue to grow next year?**

 %

**Who maintains your financial records?** (Select one)

☐ I do ☐ Internal accounting / finance team ☐ Bookkeeper only ☐ CPA only ☐ Bookkeeper & CPA

**If you departed from the business today, how likely is it that revenue and/or profitability declines?**

☐ Very Unlikely ☐ Unlikely ☐ Neutral ☐ Likely ☐ Very Likely

**Think of key employees. If they departed from the business today, how likely is it that your revenue and/or profitability declines?**

☐ Very Unlikely ☐ Unlikely ☐ Neutral ☐ Likely ☐ Very Likely

**Does your risk management include any of the following insurance policies?**

(Select all that apply)

☐ General Liability ☐ Buy-sell ☐ Business Overhead Expense ☐ Key Person

# Goals for life after your business

The following questions help us understand how you see the business fitting into your life plans.

**What does a successful exit from your business look like?** (Select all the apply)

- ☐ Sell (either internally or externally)
- ☐ Transition (to family, employees, etc.)
- ☐ Operate until I can retire, then close

**How much cash from selling the business are you relying on to fund your retirement?**

I need at least this much from  
selling to fund my retirement:

\$



## Thank you

We appreciate the trust you place in us!  
We will be in touch with business insights shortly.