



Business Planning Worksheet

Business Information

Primary Contact Name: _____ Phone: _____ Email: _____

Current or Proposed Business Name _____

Type: To be discussed Limited liability company C Corporation S-Corporation General Partnership
 Limited Partnership/LLP/LLLP Nonprofit Sole proprietorship Other: _____

Formation State: _____

Street Address _____ City _____ State _____ Zip _____

Telephone _____ E-mail Address _____

Primary Business Activities: _____

Number of owners/members of business: _____ Are all owners/members family members? _____

New or Existing Client? _____

Reason for Business Planning Inquiry

Party Information

Full Name _____

Type: Individual Business or organization

Street Address _____

City _____ State _____ Zip _____

Telephone _____ E-mail Address _____

Role: Owner Manager/Director Officer Member Percentage of ownership: _____

Full Name _____

Type: Individual Business or organization

Street Address _____

City _____ State _____ Zip _____

Telephone _____ E-mail Address _____

Role: Owner Manager/Director Officer Member Percentage of ownership: _____

Full Name _____

Type: Individual Business or organization

Street Address _____

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City _____ State _____ Zip _____

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Role: Owner Manager/Director Officer Member Percentage of ownership: _____

Full Name _____

Type: Individual Business or organization

Street Address _____

City _____ State _____ Zip _____

Telephone _____ E-mail Address _____

Role: Owner Manager/Director Officer Member Percentage of ownership: _____

About the Business

Tell me a little bit about the business? What goods and/or services does it provide?

What is the business's mission? What are your goals for the business?

Are you contemplating selling, issuing, or redeeming interests or stock in your company right now? Y ___ N ___

Is there a shareholders' agreement or buy-sell agreement in effect? Y ___ N ___

Are there any restrictions or special rights relating to equity transfer? Y ___ N ___ Don't know ___

If the equity owners work in the business, please describe their respective roles:

How has the business been funded up to this point?

Growth and Exit

Please describe your short terms plans for the business:

Please describe your long terms plans for the business:

Please describe your plans for exiting the business and if your Estate Plan contemplates this:

Important Questions

(Please check "Yes" or "No" for your answer)	Yes	No
Should business activities be limited to specified business purpose, such as provision of professional services? <i>Describe</i> _____		
Does or will this business conduct activities in states other than the state in which it is formed? <i>List</i> _____		
Do you know of any actual or potential litigation against the company or any of its owners? <i>Describe</i> _____		
Do you know of any actual or potential tax, bankruptcy, or administrative proceedings against the company or any of its owners? <i>Describe</i> _____		
Does or will this business have different classes of equity that entitle the owners to different voting or economic rights?		

Corporate Maintenance

(Please check "Yes" or "No" for your answer)	Yes	No
Do you have a governance document (Bylaws, Operating Agreement, Partnership Agreement)?	<input type="checkbox"/>	<input type="checkbox"/>
Have you been holding annual meetings in accordance with your governance documents?	<input type="checkbox"/>	<input type="checkbox"/>
Have you kept minutes and resolutions of your meetings and decisions?	<input type="checkbox"/>	<input type="checkbox"/>
Have all of your Statements of Information been filed appropriately with the Secretary of State?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have an active city/county/state business license?	<input type="checkbox"/>	<input type="checkbox"/>
Have all equity transfers been documented internally?	<input type="checkbox"/>	<input type="checkbox"/>
Have all tax returns for the company been filed?	<input type="checkbox"/>	<input type="checkbox"/>

Has the Franchise Tax Board (FTB) minimum tax been paid every year?	<input type="checkbox"/>	<input type="checkbox"/>
Has the business ever been suspended by the FTB?	<input type="checkbox"/>	<input type="checkbox"/>

Employees and Other Workers

(Please check "Yes" or "No" for your answer)		Yes	No
Do you pay other people to work in your business?		<input type="checkbox"/>	<input type="checkbox"/>
If yes, please note how many are employees and how many are independent contractors:			

How are your workers paid (check all that apply)? Salary ___ Hourly ___ Piece Rate _____			
Are all of your workers properly registered?	Don't know <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have all of your workers signed contracts?		<input type="checkbox"/>	<input type="checkbox"/>
Do you have an employee manual?		<input type="checkbox"/>	<input type="checkbox"/>
Do you conduct regular period reviews?		<input type="checkbox"/>	<input type="checkbox"/>
Do you keep accurate timesheets?		<input type="checkbox"/>	<input type="checkbox"/>
Do you have a safety policy in place?		<input type="checkbox"/>	<input type="checkbox"/>
Are all of your required signs posted?		<input type="checkbox"/>	<input type="checkbox"/>
Are all of your personnel files organized and accessible?		<input type="checkbox"/>	<input type="checkbox"/>
Do you have someone, whether internal or external, tasked to handle HR queries?		<input type="checkbox"/>	<input type="checkbox"/>

Intellectual Property

(Please check “Yes” or “No” for your answer)	Yes	No
Do you have intellectual property?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please describe: _____		

Do you have a trade secret policy?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a website?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, do you have up-to-date terms, conditions, and disclaimers?	<input type="checkbox"/>	<input type="checkbox"/>

Business Contracts

(Please check “Yes” or “No” for your answer)	Yes	No
Do you use a customer contract?	<input type="checkbox"/>	<input type="checkbox"/>
Does your customer contract comply with your licensing board’s requirements?	Don’t know <input type="checkbox"/>	<input type="checkbox"/>
Do you have any undocumented agreements with customers?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have signed written contracts with all of your vendors?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any undocumented agreements with vendors?	<input type="checkbox"/>	<input type="checkbox"/>

Do you lease or own the space where you are operating your business?	<input type="checkbox"/>	<input type="checkbox"/>
If leased, do you have a written lease covering the space?	<input type="checkbox"/>	<input type="checkbox"/>