

CONFIDENTIAL BUSINESS FACT FINDER

THE PRUDENTIAL INSURANCE COMPANY OF AMERICA





1 GENERAL INFORMATION (If you have multiple businesses complete a Fact Finder for each business)

Company Name	
Address	
Contact Person	Phone
Fax	E-mail
Principal Business Activity	Years in Business
Accountant	Attorney

2 BUSINESS TYPE

C Corporation Corporation Tax Bracket \$ _____

Public Corporation

Private Corporation

Personal Service Corporation Sole Shareholder Corporation Family Members As Owners

 Is there a possibility this entity will go public? Yes No

 If Yes, how soon? _____

Pass-Through Entity for Tax Purposes

Partnership: Is it organized as a General Partnership? Limited Partnership?

LLC: Is it taxed as a partnership? Yes No

S Corporation: Was it always an S Corporation? Yes No

Sole Proprietorship

Tax-Exempt Entity (Nonprofit)

3 BUSINESS VALUE

1. Owner's estimate of Fair Market Value (FMV) of the business if sold today as a going concern. _____

2. Will the business have significant value whether or not you are involved in the business? Yes No
Please explain:



4 BUSINESS OWNERS

Owner	% Owned & Type of Interest(s)	Family Relationship (if any)	DOB/Health	Salary	Annual Dividend/Distribution	Personal Tax Bracket %

1. What do the owners want to have happen to the business at their retirement, disability or death? ___ Retain ___ Sell as a going concern ___ Liquidate

2. What steps have been taken to accomplish this objective?

3. Do you plan to retire? If so, have you worked out a retirement plan for yourself? How much income will you need? When will it start? Sources? Please explain.

4. Do you need cash flow from the business to support your retirement? Please explain.

5. Are there benefits currently being provided to you and/or your family that you would like continued at your retirement? Please explain.

6. If you are not able to be involved in the business, will your family's/spouse's financial security be tied to the business? How will they get income from the business? How much will they need? Please explain.



5 KEY EMPLOYEES

Who are the key employees of the business?

Key Employee's Name	DOB	Position in Business	Annual Income	Combined Federal & State Income Tax Bracket	Health	Owner? Yes/No

1. Is there a logical successor manager in the business? Please explain:

2. Have any extra fringe benefits been provided to the key employees as an incentive for them to stay with the business? Please explain:

3. Have provisions been made to offset the loss of the business caused by the death or disability of any key employee? Please explain:

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CURRENT EMPLOYEE BENEFITS/BUSINESS PLANNING

Check the boxes indicating which benefits are in place and which you are interested in discussing further. If interested in discussing employee benefits further, complete the census on the next page.

Benefit or Plan	Have	Don't Have	Interested in Discussing
Group Insurance			
Medical			
Dental			
Life			
Long-Term Disability			
Long-Term Care			
Business Planning			
Key Person Plan			
Buy-Sell Plan			
Qualified Retirement Planning			
IRA			
SIMPLE IRA			
SEP IRA			
SIMPLE 401(k)			
401(k) Plan			
Executive Benefits/Nonqualified Plans (Also complete Executive Benefit Supplement 0185837-00002-00)			
Executive Bonus			
Restricted Executive Bonus			
Split Dollar			
Nonqualified Deferred Comp			
Other—Describe:			

