



Business Financial Review

Personal Information (Owner 1)

Name _____

Age _____ Birth Date _____ US Citizen _____

Address _____

City _____ State _____ Zip _____

Phone _____ Mobile _____

Email _____

Business _____ Form _____

Position _____

Business Phone _____

Business Address _____

Personal Information (Owner 2)

Name _____

Age _____ Birth Date _____ US Citizen _____

Address _____

City _____ State _____ Zip _____

Phone _____ Mobile _____

Email _____

Business _____ Form _____

Position _____

Business Phone _____

Business Address _____

17550 N Perimeter Dr. Suite 450, Scottsdale, AZ 85255

MKurtzSwanson@financialguide.com (480) 538-2929



Owner 1

Ownership % _____

Buy / Sell Life Insurance _____

Buy / Sell Disability Insurance _____

Key Employee

Annual Salary _____ Years to Covered _____

Sales % _____ Profit % _____

Training Cost _____ Opportunity Cost _____

Employee Life Insurance \$ _____

Business Overhead Insurance \$ _____

Owner 2

Ownership % _____

Buy / Sell Life Insurance _____

Buy / Sell Disability Insurance _____

Key Employee

Annual Salary _____ Years to Covered _____

Sales % _____ Profit % _____

Training Cost _____ Opportunity Cost _____

Employee Life Insurance \$ _____

Business Overhead Insurance \$ _____



Business Income

Period Ending _____ Projection Year _____

Income Increase % _____

	Current Year	Projected
Sales Revenue (Cash)	_____	_____
Sales Revenue (Credit)	_____	_____
Returns	_____	_____
Allowances/Discounts	_____	_____
Investment Income	_____	_____
Total	_____	_____

Business Expenses

	Current Year	Projected
Cost Of Sold Goods	_____	_____
Owner Salary	_____	_____
Other Salary	_____	_____
Employee Benefits	_____	_____
Retirement Contribution	_____	_____
Payroll Taxes	_____	_____
Office	_____	_____
General	_____	_____
Interest	_____	_____
R&D	_____	_____
Other Expenses	_____	_____
Other Taxes	_____	_____
Total Expenses	_____	_____

Pre-Tax Income _____

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Less Depreciation	_____	_____
Less Amortization	_____	_____
Taxable Income	_____	_____
Less Income Tax	_____	_____
Net Income	_____	_____

Best Assets

Statement Date _____

Projection Year _____

Asset Increase % _____

Current Assets	Current Year	Projected
Cash	_____	_____
Marketable Securities	_____	_____
Accounts	_____	_____
Receivable	_____	_____
Less Allowance	_____	_____
For Bad Debts	_____	_____
Notes Receivable	_____	_____
Inventory	_____	_____
Prepaid Expenses	_____	_____
Total Assets	_____	_____



Business Liabilities

Current Liabilities	Current Year	Projected
Accounts Payable	_____	_____
Tax Liability	_____	_____
Accrued Expenses	_____	_____
Deferred Income	_____	_____
Total Current	_____	_____
Long Term	_____	_____
Mortgages Payable	_____	_____
Other	_____	_____
Total Long Term	_____	_____
Total Liabilities	_____	_____
Equity	_____	_____

Business Valuation

Owner Estimate of Value	_____
Average Book Value	_____
Average Net Income	_____
Estimated Rate Of Return	_____
Number of Years Goodwill	_____
Salaries Required to Replace	_____
Estimated Inflation	_____



Employee Benefits Plan

Number of Employees _____

Time Off (Per Year) _____

Vacation Days _____

Sick Days _____

Group Insurance

Medical _____

Dental _____

Life _____

Long Term Disability _____

Long Term Care _____

Other _____

Retirement Plans

401(K) _____

SEP IRA _____

Profit Sharing _____

Defined Benefit _____

Other _____

Selective Benefits

Deferred Compensation _____

Executive Benefits _____

Other _____

