

BUSINESS PLANNING WORKSHEET

Using this organizer will assist us in getting to know you prior to our consultation and designing a plan that meets your needs and goals. **All information provided is strictly confidential.**

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Not every section will apply to you and your situation - you can leave those areas blank or write "N/A". If you are unsure of an answer, or would rather discuss the issue in person, feel free to leave the section blank.

Please return the completed worksheet (along with any supporting documents) to our office prior to your consultation. Should you have any questions, please contact legal assistant, Becky DeCoite - she can be reached via phone at (702) 997-5701 or by email at becky@phillipsballenger.com. **Thank you and we look forward to meeting with you soon!**

Disclaimer: Please note that providing this information and/or consulting with our firm does not establish an Attorney/Client relationship. You acknowledge your understanding that an Attorney/Client relationship does not exist unless we are formally engaged through a written retainer agreement, signed by both law firm and client.

PART 1: PERSONAL INFO

Date of Consultation: _____

Full Legal Name _____

Also Known As _____
(other names used to title property and accounts)

Birth date _____ SS# _____ US Citizen? (Y/N): _____

Home Address _____ City/State/Zip _____

Home Telephone _____ Cell Phone _____ Email _____

Employer/Position _____ It's OK to communicate with me via e-mail

Single Domestic Partner (Registered? Y/N) Married Separated Widowed

YOUR CHILDREN/DEPENDENTS

(please use full legal name)

Name	Birth date, Age	Parent or Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

YOUR ADVISORS

Name	Telephone
Personal Attorney _____	_____
Accountant _____	_____
Financial Advisor _____	_____
Life Insurance Agent _____	_____

INSURANCE POLICIES

Auto <input type="checkbox"/> _____	Homeowners/Renters <input type="checkbox"/> _____
Business/E&O/Malpr. <input type="checkbox"/> _____	Long-Term Care <input type="checkbox"/> _____
Umbrella <input type="checkbox"/> _____	Other <input type="checkbox"/> _____

WHO REFERRED YOU TO PHILLIPS BALLENGER?

I'm a current client <input type="checkbox"/> _____	Google <input type="checkbox"/> _____
Avvo.com <input type="checkbox"/> _____	Former Client <input type="checkbox"/> _____
Advisor <input type="checkbox"/> _____	Other <input type="checkbox"/> _____

PART 2: IMPORTANT QUESTIONS

(Please indicate YES or NO)	Y	N
Have you ever previously completed a will, trust, and/or estate planning? <i>(If you have copies available, please send or bring to meeting)</i>		
Are you receiving Social Security, disability, or other governmental benefits? <i>Describe:</i>		
Are you making payments pursuant to a divorce or property settlement order? <i>(If you have copies available, please send or bring to meeting)</i>		
Have you been widowed? <i>If a federal estate tax return or a state death tax return was filed, please furnish a copy</i>		
Have you ever filed federal or state gift tax returns? <i>(If you have copies available, please send or bring to meeting)</i>		
Are you currently the beneficiary of anyone else's trust? <i>If so, please explain below.</i>		
Do any of your children have special educational, medical, or physical needs?		
Do any of your children receive governmental support or benefits?		
Do you provide primary or other major financial support to adult children or others?		
Are you currently involved in a bankruptcy proceeding? <i>If so, please explain below.</i>		
Are you currently involved in a lawsuit (plaintiff/defendant)? <i>If so, please explain below.</i>		
Are you subject to any judgments/liens/garnishments? <i>If so, please explain below.</i>		

YOUR CONCERNS

Please rate the following as to how important they are to you: **(H = high concern; S = some concern; L = low concern; N/A = not applicable)**

DESCRIPTION	LEVEL OF CONCERN
Updating/making changes to an existing business	
Integrating an existing business into my overall estate plan	
Maintaining/bolstering my privacy <i>(as it may relate to personal and/or business assets)</i>	
Planning for the transfer and/or survival of a business if I am unable to work	
Protecting assets from potential lawsuits/creditors	
Avoiding/reducing estate taxes	
Preserving the privacy of affairs in case of disability or at time of death from business competitors, predators, dishonest persons and curiosity seekers	
Implementation/forming/updating an estate plan	
Providing for a Buy-Sell agreement for your business(es)	

PART 3: YOUR ESTATE

ASSETS & DEBTS (HELD PERSONALLY)

(You may alternatively attach a list of assets or include additional pages if necessary.)

REAL PROPERTY <i>Please include: Property Address, Property Type (i.e. primary residence/ investment property), Fair Market Value & Loan(s) Information</i>	
BANK & SAVINGS ACCOUNTS <i>Please include: Name of Institution, Type of Account, Approx Acct Value</i>	
INVESTMENT ACCOUNTS (I.E. STOCKS/BONDS, MUTUAL FUNDS, ETC.) <i>Please include: Name of Institution, Type of Account, & Approx Acct Value</i>	
LIFE INSURANCE & ANNUITIES <i>Please include: Name of Institution, Type of Policy, Owner of Policy, Beneficiary/ies</i>	
RETIREMENT PLANS (I.E. 401(K), IRA, ETC.) <i>Please include: Name of Institution, Type of Acct, Approx Acct Value, Current Beneficiary/ies</i>	
BUSINESS INTERESTS	
FURNITURE/PERSONAL EFFECTS/VEHICLES	
DEBTS NOT LISTED ABOVE <i>Please include: Type of Debt, Guarantor(s), & Approx. Amount of Debt Owed</i>	

PART 4: BUSINESS FINANCIALS/HOLDINGS

ASSETS & DEBTS OWNED BY YOUR BUSINESS

(You may alternatively attach a list of assets or include additional pages if necessary.)

REAL PROPERTY <i>Please include: Property Address, Property Type (i.e. primary residence/ investment property), Fair Market Value & Loan(s) Information</i>	
BANK & SAVINGS ACCOUNTS <i>Please include: Name of Institution, Type of Account, Approx Acct Value</i>	
INVESTMENT ACCOUNTS (I.E. STOCKS/BONDS, MUTUAL FUNDS, ETC.) <i>Please include: Name of Institution, Type of Account, & Approx Acct Value</i>	
LIFE INSURANCE & ANNUITIES <i>Please include: Name of Institution, Type of Policy, Owner of Policy, Beneficiary/ies</i>	
RETIREMENT PLANS (I.E. 401(K), IRA, ETC.) <i>Please include: Name of Institution, Type of Acct, Approx Acct Value, Current Beneficiary/ies</i>	
PROMISSORY NOTES	
FURNITURE/PERSONAL EFFECTS/VEHICLES	
OTHER:	

PART 5: BUSINESS ENTITY INFO

Gathering the following information is very helpful, should it be available to you for all Entities, (i.e. LLCs, Corporations, Partnerships, etc.), in which you have a vested/controlling/and/or managerial interest

Please feel free to bring originals to your consultation and/or send scanned copies ahead of time for review. If you do not have anything on this list, don't worry, we can get additional information later if necessary!

- **ENTITY FORMATION DOCUMENTS:**
 - Documents filed with the Secretary of State (or other Government body) to form the entity, which may include: Articles of Organization, Initial List/Annual List(s), Business License (State and/or County/City)
- **ENTITY GOVERNING DOCUMENTS**, which may include:
 - LLC Operating Agreement (most recent version);
 - Membership Certificates/Ledger (and/or any other documents evidencing Membership);
 - Company/Corporate Resolutions;
 - Corporate By-Laws;
 - Partnership Agreements;
 - Buy-Sell Agreements
- **ENTITY TAX INFO:**
 - IRS/State Tax Forms/EIN Application;
 - IRS Form 2553 (if applicable);
 - Entity's most recent tax return (if applicable)
- **ENTITY PURPOSE:**
 - What is the business purpose?
 - What does it own?
- **ASSET & DEBT INFO:**
 - Business accounts
 - Information re: real property owned by your business
 - Business Debts
- **OTHER:**
 - i.e.: DBA Filings and/or Fictitious Form Name Filings; Any IP/Trademark Registrations; Registration of Foreign LLC/Corporation in other state(s) (other than where entity was formed)