

## Business Owner Financial Survey

Rate your level of concern for each of the following common business decisions:



Name of Business: _____ Owner(s): _____	Extremely Concerned	Somewhat Concerned	Not Concerned
<b>Cash Flow</b>			
My business experiences periodic and significant reductions in cash flow.			
The delay when getting paid on business-to-business invoices.			
Reducing the amount of taxes my business pays.			
Access to working capital in order to expand business operations.			
<b>Managing Business Assets</b>			
My company needs additional equipment to be more productive and increase sales.			
Earning a better rate of return on corporate cash balances.			
Access to a line of credit linked to an investment portfolio of stocks, bonds, mutual funds, etc.			
<b>Staffing &amp; Benefits</b>			
Amount of time & effort consumed by employee benefits and staffing details.			
Fees associated with company retirement plan and benefits packages.			
Access to an executive retirement plan that is free from ERISA restrictions, contribution limits, and excessive fees.			
Receiving business tax deductions when providing life insurance and retirement benefits for owner and/or key employees.			
<b>Risk Management</b>			
Having sufficient business insurance in place for liability, buildings, equipment, etc. at a reasonable cost.			
Having updated, written documentation in place for how business interests are to be handled upon owner's death, disability, or critical illness, including sufficient funding to enact these arrangements.			
Owner and key employees have adequate individual disability coverage to protect personal income if needed.			
Owner has a personal financial plan that is separate from the business financial plan.			
<b>Business Continuity / Exit Strategy</b>			
Making sure business operations will not suffer due to the death or disability of the owner or a key employee.			
Upon owner's death, protecting family from a forced sale of the business at fire sale prices to cover estate taxes & settlement costs.			
Receiving full market value for the business when owner elects to sell or retire.			

Please return completed form (all pages) to:

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Fernandina Beach, FL 32034

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Business Name: \_\_\_\_\_

Owner: \_\_\_\_\_

**Cash Flow & Financial Profile**

What percentage of your customers are:

\_\_\_\_\_ % Private consumers    \_\_\_\_\_ % Other Businesses    \_\_\_\_\_ % Government

Which forms of payment does your business accept?

\_\_\_\_\_ % cash    \_\_\_\_\_ % checks    \_\_\_\_\_ % credit cards    \_\_\_\_\_ % invoices    \_\_\_\_\_ % other

Percentage of invoices paid:

\_\_\_\_\_ %    Cash  
\_\_\_\_\_ %    30 days  
\_\_\_\_\_ %    60 days  
\_\_\_\_\_ %    90 days  
\_\_\_\_\_ %    Over 90 days

Average size of business-to-business invoices: \$ \_\_\_\_\_

Amount currently in outstanding receivables: \$ \_\_\_\_\_

Average monthly billings (not including cash): \$ \_\_\_\_\_

Does your business experience any collections issues?

If so, how much do you have in outstanding collections? \$ \_\_\_\_\_

What percentage of uncollected receipts are for: Consumers \_\_\_\_\_ %    Businesses \_\_\_\_\_ %

Business Income Statement info: (for year ended \_\_\_\_ / \_\_\_\_ / \_\_\_\_ )

Attach copy of latest income statement or complete summary data below

Annual Revenue for previous five years:

20____	\$ _____	Estimate of current	
20____	\$ _____	year Revenues:	\$ _____
20____	\$ _____	&	
20____	\$ _____	Net income:	\$ _____
20____	\$ _____	Profit margin:	_____ %

Profit/cash flow projection for the next five years should (select one):

Decrease substantially     Remain fairly constant     Increase substantially

Do you anticipate any significant changes to your business within the next two years?     Yes     No

If yes, why?

**Business Assets**

Balance Sheet information: Date of balance sheet \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 (Attach a copy of most recent balance sheet or provide summary data here)

Assets at today's fair market value:	Liquidity:
Cash and equivalents \$ _____	Current ratio _____
Accounts receivable \$ _____	Quick ratio _____
Inventory \$ _____	
Tangible property \$ _____	Debt/Equity _____
Investments \$ _____	
Commercial real estate \$ _____	

Total Business Assets: \$ \_\_\_\_\_ Total Business Liabilities: \$ \_\_\_\_\_

Do you plan to purchase business equipment within the next 12 months?  
 (Describe equipment and anticipated cost)

Business credit lines:  
 Amount authorized: \$ \_\_\_\_\_ Available: \$ \_\_\_\_\_

**Staffing & Benefits**

Number of owners: \_\_\_\_\_ F/T Staff: \_\_\_\_\_ P/T Staff: \_\_\_\_\_

Group insurance coverage? (describe)

Corporate retirement plan? (describe)

**Risk Management**

Insurance Coverage:	Coverage Amounts	Annual Premiums
Property & Casualty:	\$ _____	\$ _____
Liability:	\$ _____	\$ _____
Errors & Omissions:	\$ _____	\$ _____
Group life insurance:	\$ _____	\$ _____
Group disability ins:	\$ _____	\$ _____
Other:	\$ _____	\$ _____

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