

Business Planning Questionnaire

This form will help you to gather your information to assist our office in designing a Business Plan that meets your goals. Please complete with as much information as you have currently available.

It is helpful if you can return the completed form prior to your appointment. Otherwise, bring the completed questionnaire to our first meeting to discuss your estate planning. Please call if you have any questions.

IMPORTANT NOTES: There are two means of completing this form. You may print this blank form and write in the information and then mail, fax, or scan and e-mail to us.

Alternatively, this form is designed to be completed on your computer. If using onscreen computer entry, you must open this file using the free Adobe PDF reader, available at <http://www.adobe.com>. It is important that an Adobe product be used as other PDF readers or PDF readers in some internet browsers may not provide readable files when e-mailed to us. We recommend you always print a copy of the completed form for your records in addition to e-mailing the completed file to us.

If you experience any technical issues in completing this form onscreen, then use the first method of printing out the blank form and writing in the information.

All information provided is strictly confidential

The information I have provided in this document is true and correct, to the best of my knowledge. I understand that Studenberg Law is relying on this information for the advice it gives me, and if there is any material change in my asset composition, values, or other personal data during the course of representation, I will notify Studenberg Law.

If prepared electronically, the check next to my printed name indicates acknowledgement of the above declaration.

Signature

 Printed Name

Date: _____



Information Please provide requested information.

Legal Name					
Home Address					
City		State		Zip	
Home Telephone		Cell Phone		Business Telephone	
E-mail Address					

Contact and Other Information

Please list in order of preference the means for contacting you (mail, e-mail, or telephone).

Please list in order of preference the method of receiving correspondence (mail, e-mail, or both).

How were you referred to our office?

Do you have any estate planning documents (Will/Trust) ? Yes No

Business Information

Business is a: Startup Currently operational

If operational, list name(s) _____

Client role: The owner An owner (Number of owners _____)

Select any of the following that apply:

- A Director
- An Officer
- A Member
- A Manager
- C'I engtcn'Rctwgt

Business Purpose:

- Investment company
- Professional service
- Other personal services
- Retail sales
- Franchise
- Real Estate Development
- Intellectual property development
- Gas, oil, or mineral extraction
- Ownership of property
- Other _____

Will this be a family-controlled business? Yes No

Owner Information

Owner is an individual

OR

Owners are (check all that apply)

- Individuals
 - unrelated to other owners
 - related to other owners

- A For-Profit Organization
- A C corporation
- An S corporation
- A limited liability company
- A general partnership
- A limited liability partnership
- A limited partnership
- A limited liability limited partnership
- Other organization _____

- A nonprofit Organization

- A non-US Citizen

- A minor

- A trust

Reason for Business Planning Inquiry

- Creating new business
- Changing existing business
- Adding new owners
- Simplifying operations
- Adding new business
- Redistributing existing ownership interests
- Preparing for merger
- Preparing for public offering
- Considering conversion to different entity type
- Other _____
- Moving business to new state _____
- Expanding into new state _____

Jurisdictions into which business currently operates (US and Foreign) _____

Jurisdictions into which business intends to operate (US and Foreign) _____

Advisors Please list any advisors.

Attorney's Name				
Address				
City		State		Zip
Telephone		E-mail		May we contact? <input type="checkbox"/>

Accountant's Name				
Address				
City		State		Zip
Telephone		E-mail		May we contact? <input type="checkbox"/>

Financial Advisor's Name				
Address				
City		State		Zip
Telephone		E-mail		May we contact? <input type="checkbox"/>

Life Insurance Agent's Name				
Address				
City		State		Zip
Telephone		E-mail		May we contact? <input type="checkbox"/>

