BUSINESS PLANNING ORGANIZER

Using this organizer will assist in designing your business plan documents which meet your goals.

ALL INFORMATION WHICH YOU PROVIDE IS PRIVILEGED AND STRICTLY CONFIDENTIAL.

The appointment is scheduled for: ______________________________________

Day & Time is: ____

Please fill out this Organizer as best as possible, we serve you best with good information. However, please don't worry if you are unable to fill it out entirely.

Some questions may not make sense to you (ex. spouse, kids), but sometimes you may have better asset protection or tax planning when other folks are also business owners. During our initial consultation, we'll describe these situations, and if they apply you'll decide what to do.

BUCKLEY LAW

For the things that matter.

LEGACY PLANNING...ASSET PROTECTION...WEALTH PRESERVATION...SINCE 1991

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Part I
PERSONAL INFORMATION

Client #1

Full Name: ____
FIRST MIDDLE LAST

Are you a U.S. Citizen? ☐ Y ☐ N If No, Country of Citizenship: ____________________

Birthdate: ______________ Social Security No. __________________ (at least last 4 #s)

Address: ____

City: ______________________________ State: _______ Zip Code: ____________

Mailing address if different: ______________________________________

County (e.g. El Paso, Douglas): ____________ Home Phone: ____________________

Cell Phone: ____________________ Business Phone: ____________________

Email address: ________________________ ☐ It is okay for you to contact me via my email

Current Employer: ________________________ Position: ____________________

Retired from: ________________________ Position: ____________________

Client #2 (Spouse or Partner)

Full Name: ____
FIRST MIDDLE LAST

Are you a U.S. Citizen? ☐ Y ☐ N If No, Country of Citizenship: ____________________

Birthdate: ______________ Social Security No. __________________ (at least last 4 digits)

Cell Phone: ____________________ Business Phone: ____________________

Email address: ________________________ ☐ It is okay for you to contact me via my email

Current Employer: ________________________ Position: ____________________

Retired from: ________________________ Position: ____________________

How did you find out about Buckley Law Offices, P.C.? ______________________________

Children

Please use full legal name of every child, biological or adopted, alive or deceased. In “Parent” column, please notate “B” if both spouses are the parents, “H” if husband is the parent, “W” if wife is the parent.

Full Legal Name, address and telephone number	**Birth Date**	**Parent**	**M** or **F**

Part II
BUSINESS INFORMATION

Possible Entity Names

Name is order of preference:

1. ______________________________

2. ______________________________

3. ______________________________

Important Questions

Please check Yes or No for your answer	**Yes**	**No**
Does or will this business conduct activities in states other than the state which it is formed? If yes, list other states: ______________________	☐	☐
Do you know of any actual or potential tax, bankruptcy, or administrative proceedings against any of the potential owners? If yes, describe: ______________________	☐	☐
Does or will this business have different categories of ownership that entitle the owners to different voting or economic rights between them?	☐	☐

Potential Members or Partners

Full Name: ____

Type: ☐ Individual ☐ Business or Organization
If individual: Prefer to be called __________________________________ US Citizen ☐ Y ☐ N
Residence County: ____
If business: Business Type: ___________________________________ Formation State: ______
Street Address: ____
City: __________________________________ State: __________ Zip: ________________
Telephone: __________________________ Email Address: __________________________
Role: ☐ Owner ☐ Manager/Director ☐ Officer ☐ Other: ____________________________

Full Name: ____

Type: ☐ Individual ☐ Business or Organization
If individual: Prefer to be called __________________________________ US Citizen ☐ Y ☐ N
Residence County: ____
If business: Business Type: ___________________________________ Formation State: ______
Street Address: ____
City: __________________________________ State: __________ Zip: ________________
Telephone: __________________________ Email Address: __________________________
Role: ☐ Owner ☐ Manager/Director ☐ Officer ☐ Other: ____________________________

Full Name: ____

Type: ☐ Individual ☐ Business or Organization
If individual: Prefer to be called __________________________________ US Citizen ☐ Y ☐ N
Residence County: ____
If business: Business Type: ___________________________________ Formation State: ______
Street Address: ____
City: __________________________________ State: __________ Zip: ________________
Telephone: __________________________ Email Address: __________________________
Role: ☐ Owner ☐ Manager/Director ☐ Officer ☐ Other: ____________________________

Part III
ASSET INFORMATION

Bank Accounts

Please indicate using the following abbreviations: Checking Account "CA", Savings Account "SA", Certificates of Deposit "CD", Money Market "MM".

Institution	Type	Owner	Amount

Note: If an account is in your name but for the benefit of a minor, please indicate and give minor's name.

Personal Real Property

Any interest in real estate including (on the personal side) your family residence, vacation home, rental properties, timeshare, vacant land, etc. If possible, please furnish a copy of the deed for each piece of real estate.

General Description and Address	Owner	Market Value	Loan Balance

Personal Effects

List separately any personal items (such as jewelry, collections, antiques, firearms, etc.) where its induvial value exceeds $50k.

Type or Description	Owner	Approximate Market Value

Special Motorized Asset

Please list any RV, Airplane, or any Auto worth more than $100k.

Description	Owner	Market Value	Loan Balance

Stocks, Bonds and Investment Accounts

Please list any and all stocks and bonds the business owns. If held in a brokerage account, lump them together under each account.

Holder	Type	Owner	Amount

Retirement Plans

Please indicate using specifics with abbreviations; i.e. IRA, IRA ROTH, SEP, 401(k), 403 (b), etc.

Plan Name	Type	Owner	POD/TOD beneficiary	Amount

Personal Life Insurance Policies and Annuities

Term, whole life, split dollar, group life, annuity.

Company	Type	Insured	Beneficiary	Death Benefit

Business Interests

General and Limited Partnerships, Sole Proprietorships, Limited Liability Companies, privately-owned corporations, professional corporations, oil interests, farm interests, and ranch interests. Additional Information: Give a description of the interest, who holds the interest, your ownership in the interest, and the estimated value of the interest.

____

____

____

____

Money Owed To You

Promissory notes or other moneys payable to business.

Name of Debtor	Relationship	Owed to	Date of Note	Date of Maturity	Current Balance

Other Assets

Any property that you possess which does not fit into any of the listed categories.

Type or Description	Owner	Approximate Value

Monthly Income

Income Source:	Client #1	Client #2	Joint
Monthly Income from Labor			
Monthly Income from Social Security			
Monthly Income from other retirement			
Monthly Income from rental properties			

Your Advisors

Please list the names, addresses, and phone numbers of your current Key Advisors:

Advisor Name with designation (CPA, FP, etc.)	Agency	Address & Phone Number

Discussion Items

- ☐ Assistance with selecting the correct form of entity for business liability, personal asset protection, and strategic tax planning purposes.
- ☐ Preparation or review of entity formation documents, including certificates of incorporation, certificate of rights, preferences and designations, article of incorporation, bylaws and organizational minutes, shareholder agreements and operating agreements.
- ☐ Negotiating and drafting buy-sell agreements to address what happen is a co-owner dies or leaves the business, including cross-purchase and entity- purchase agreements or other forms of buy-out agreements.
- ☐ Negotiation and drafting of asset purchase agreements, stock purchase agreements or other merger and acquisition agreements and ancillary documents.
- ☐ Execute employment agreements, consulting agreements, stock option plans and stock option awards, equity incentive plans, stock appreciation rights and phantom stock agreements, non-compete agreements, proprietary inventions and non-disclosure agreements, and non-qualified deferred compensation agreements.
- ☐ Plan for transfer and survival of family business.
- ☐ Software and technology licenses, content licenses, software development agreements, turnkey computer systems instillation agreements, web hosting agreements, web development agreements, and application service provider agreements.
- ☐ Leases and subleases of commercial office space.
- ☐ Protecting personal (non-business) assets from lawsuits or creditors.
- ☐ Preserving the privacy of affairs in case of disability or at time of death from business competitors, predators, dishonest persons and curiosity seekers.

- ☐ Preparation of tax opinions or seeking private letter rulings in connection with tax-free reorganization or other tax- sensitive business structures.
- ☐ Borrowing and lending documents, including commercial loan agreements, private indebtedness, security agreements, collateral assignments and pledge agreements.
- ☐ Sales agreements, sales representative and agency agreements, distribution agreements, value-added reseller agreements, incentive compensation plans.
- ☐ Estate planning, including avoiding or reducing you estate taxes, avoiding probate, or reducing administration costs at time of your death.

Any additional information, questions, or concerns: