



Debt Elimination program (Business) Financial Worksheet

Agent Name _____

Phone _____

Email _____

Business Information

Business Name _____ Entity Type _____

Business Address _____

City _____ State _____ Zip _____

Owner(s) Name _____ Birth Date _____

Owner(s) Name _____ Birth Date _____

Business Cash Flow Information

Annual Cash Flow \$ _____

Max Monthly \$ _____ Min Monthly \$ _____

Business Reserves On Hand \$ _____

Line of Credit Yes No Amount \$ _____

Do you pay your bills via line of credit or cash flow? LOC CF

Monthly Salary Takeout \$ _____

Do you expect a significant change in cash flow in the near future? Yes No

Expense to Recover \$ _____ Expense Amount \$ _____

Business Debts

Please list any debts owed by the business outside line of credit

Name	Amount Owed	Interest Rate	Minimum Payment	Actual Payment
_____	\$ _____	_____ %	\$ _____	\$ _____
_____	\$ _____	_____ %	\$ _____	\$ _____
_____	\$ _____	_____ %	\$ _____	\$ _____
_____	\$ _____	_____ %	\$ _____	\$ _____
_____	\$ _____	_____ %	\$ _____	\$ _____
_____	\$ _____	_____ %	\$ _____	\$ _____
Totals	\$ _____	_____ %	\$ _____	\$ _____

Business Retirement Plan

List Type (401k, SEP, SIMPLE, KEOUGH, Profit Sharing, etc.)

Is there a retirement plan in place at the business? Yes No If so, what type? _____

If yes above, is the plan for owners only or does it include employees? _____

Personal Monthly Contribution _____ Any company match for owner or employees? _____

Investment Accounts Outside the Business

Non-Qualified Accounts, Qualified Accounts, Savings

Financial Institution	Account Type	Account Value	Monthly Contribution	Int%	Available
_____	_____	\$ _____	\$ _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	\$ _____	\$ _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	\$ _____	\$ _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	\$ _____	\$ _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	\$ _____	\$ _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Owner Life Insurance in Force

General Health _____

Tobacco User _____ Other Insurables _____

Permanent or Term

Premium \$ _____ Death Benefit \$ _____ Cash Value \$ _____

Permanent or Term

Premium \$ _____ Death Benefit \$ _____ Cash Value \$ _____

Permanent or Term

Premium \$ _____ Death Benefit \$ _____ Cash Value \$ _____

Other Business Assets Not Listed _____

Additional Notes

Current Concerns

- Buy Sell Agreement Executive Bonus Key Person Eliminating Debt
- Qualified Sick Pay Plan Reducing Taxes Business Valuation Maximizing Savings

Future Expenditures
