

SMALL-BUSINESS FINANCIAL SNAPSHOT

APPOINTMENT DATE _____

CONTACT INFORMATION

Your Name _____ Age _____ Title _____

Business Partner Name _____ Age _____ Title _____

Phone _____ Email _____

Preferred method of contact for your session? In Person Phone Video Conference

BUSINESS INFORMATION

Business Name _____ Type of Business _____

Mailing Address _____ City _____ State _____ ZIP _____

Business Phone _____ Website _____

Business Structure LLC S Corp C Corp Partnership Sole Proprietor Other

Number of Employees _____ Estimated Business Value _____

Do you operate on a seasonal basis? Yes No Do you have a business plan? Yes No

Do you have an attorney? Yes No Do you use a tax or accounting professional? Yes No

BUSINESS REVENUES/EXPENSES

Annual Gross Revenues/Income _____

Do you have a working monthly budget? Yes No

Average Monthly Payroll _____

Total Monthly Operating Expenses _____

BUSINESS ASSETS/LIABILITIES

Cash Reserve Amount _____

Est. Value of All Current Assets _____

Total Equipment/Property Leases _____

Total Liabilities/Debts _____

(e.g. credit cards, SBA loans, taxes, etc.)

WHAT PRIMARY ISSUE SHOULD WE FOCUS ON DURING YOUR COACHING SESSION?

Cash Flow Planning Debt Elimination Real Estate Separating Business/Personal Finances

Other _____

Tell us more: