

Business Protection Strategy Session for Creenan & Baczkowski, PC

**PLEASE FILL OUT THIS WORKSHEET AS
COMPLETELY AS YOU CAN.**

**IF YOU DON'T KNOW THE ANSWER TO THE QUESTION,
SKIP IT AND WE WILL DISCUSS IT AT OUR MEETING**

**PLEASE RETURN THE COMPLETED WORKSHEET TO OUR OFFICE
3 DAYS PRIOR TO YOUR APPOINTMENT BY:**

EMAIL

JCREENAN@CBATTORNEYS.COM

POST or IN PERSON

TOWN SQUARE PROFESSIONAL BUILDING
3907 OLD WILLIAM PENN HIGHWAY
SUITE 304
MURRYSVILLE, PENNSYLVANIA 15668

FAX

(724) 733-8834

Business Information

Contact Person: _____

Telephone _____ E-mail Address _____

Reason for Business Planning Inquiry

Important Questions

(Please check "Yes" or "No" for your answer)	Yes	No
Should business activities be limited to specified business purpose, such as provision of professional services? <i>Describe</i> _____	<input type="checkbox"/>	<input type="checkbox"/>
Does or will this business conduct activities in states other than the state in which it is formed? <i>List</i> _____	<input type="checkbox"/>	<input type="checkbox"/>
Do you know of any actual or potential litigation against the company or any of its owners? <i>Describe</i> _____	<input type="checkbox"/>	<input type="checkbox"/>
Do you know of any actual or potential tax, bankruptcy, or administrative proceedings against the company or any of its owners? <i>Describe</i> _____	<input type="checkbox"/>	<input type="checkbox"/>
Does or will this business have different classes of equity that entitle the owners to different voting or economic rights?	<input type="checkbox"/>	<input type="checkbox"/>

Other Advisors

	Name	Telephone
Current Attorney (if any)	_____	_____
Accountant	_____	_____
Financial Advisor	_____	_____
Life Insurance Agent	_____	_____

Information about You

Full Name _____

Type: Individual Business or organization

If individual: Prefer to be called _____ US Citizen? _____ Residence County _____

If business: Business Type _____ Formation State _____

Street Address _____

City _____ State _____ Zip _____

Telephone _____ E-mail Address _____

Role: Owner Manager/Director Officer Other: _____

Full Name _____

Type: Individual Business or organization

If individual: Prefer to be called _____ US Citizen? _____ Residence County _____

If business: Business Type _____ Formation State _____

Street Address _____

City _____ State _____ Zip _____

Telephone _____ E-mail Address _____

Role: Owner Manager/Director Officer Other: _____

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If business: Business Type _____ Formation State _____

Street Address _____

City _____ State _____ Zip _____

Telephone _____ E-mail Address _____

Role: Owner Manager/Director Officer Other: _____

About the Business

Tell me a little bit about the business? What goods and/or services does it provide?

What is the business's mission? What are your goals for the business?

Please list all of the owners/shareholders of the business, and their interest in the business or number of shares held:

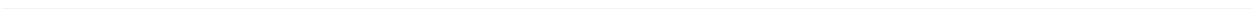
Are you contemplating selling, issuing, or redeeming interests or stock in your company right now? Y ___ N ___

Is there a shareholders' agreement or buy-sell agreement in effect? Y ___ N ___

Are there any restrictions or special rights relating to equity transfer? Y ___ N ___ Don't know ___

If the equity owners work in the business, please describe their respective roles:

How has the business been funded up to this point?



Corporate Maintenance

(Please check "Yes" or "No" for your answer)	Yes	No
Do you have a governance document (Bylaws, Operating Agreement, Partnership Agreement)?	<input type="checkbox"/>	<input type="checkbox"/>
Have you been holding annual meetings in accordance with your governance documents?	<input type="checkbox"/>	<input type="checkbox"/>
Have you kept minutes and resolutions of your meetings and decisions?	<input type="checkbox"/>	<input type="checkbox"/>
Have all of your Statements of Information been filed appropriately with the Secretary of State?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have DBAs in all required counties?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have an active city/county/state business license?	<input type="checkbox"/>	<input type="checkbox"/>
Have all equity transfers been documented internally?	<input type="checkbox"/>	<input type="checkbox"/>
Have any equity transfers been documented with the Dept. of Business Oversight?	<input type="checkbox"/>	<input type="checkbox"/>
Have all tax returns for the company been filed?	<input type="checkbox"/>	<input type="checkbox"/>
If not all of the tax returns for the company have been filed, please describe what is outstanding: <hr/> <hr/> <hr/> <hr/> <hr/>		
Has the FTB minimum tax been paid every year?	<input type="checkbox"/>	<input type="checkbox"/>
Has the business ever been suspended by the FTB?	<input type="checkbox"/>	<input type="checkbox"/>

Employees and Other Workers

(Please check "Yes" or "No" for your answer)		Yes	No
Do you pay other people to work in your business?		<input type="checkbox"/>	<input type="checkbox"/>
If yes, please note how many are employees and how many are independent contractors:			

How are your workers paid (check all that apply)? Salary ___ Hourly ___ Piece Rate _____			
Are all of your workers properly registered?		Don't know <input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
Have all of your workers signed contracts?		<input type="checkbox"/>	<input type="checkbox"/>
Do you have an employee manual?		<input type="checkbox"/>	<input type="checkbox"/>
Do you conduct regular period reviews?		<input type="checkbox"/>	<input type="checkbox"/>
Do you keep accurate timesheets?		<input type="checkbox"/>	<input type="checkbox"/>
Do you have a safety policy in place?		<input type="checkbox"/>	<input type="checkbox"/>
Are all of your required signs posted?		<input type="checkbox"/>	<input type="checkbox"/>
Are all of your personnel files organized and accessible?		<input type="checkbox"/>	<input type="checkbox"/>
Do you have someone, whether internal or external, tasked to handle HR queries?		<input type="checkbox"/>	<input type="checkbox"/>

Intellectual Property

(Please check "Yes" or "No" for your answer)	Yes	No
Do you have intellectual property? If yes, please describe: _____ _____ _____ _____	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a trade secret policy?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a website?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, do you have up-to-date terms, conditions, and disclaimers?	<input type="checkbox"/>	<input type="checkbox"/>

Business Contracts

(Please check "Yes" or "No" for your answer)		Yes	No
Do you use a customer contract?		<input type="checkbox"/>	<input type="checkbox"/>
Does your customer contract comply with your licensing board's requirements?	Don't know <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any undocumented agreements with customers?		<input type="checkbox"/>	<input type="checkbox"/>
If yes, please describe:			
<hr/>			
Do you have signed written contracts with all of your vendors?		<input type="checkbox"/>	<input type="checkbox"/>
Do you have any undocumented agreements with vendors?		<input type="checkbox"/>	<input type="checkbox"/>
If yes, please describe:			
<hr/>			
Do you lease or own the space where you are operating your business?		<input type="checkbox"/>	<input type="checkbox"/>
If leased, do you have a written lease covering the space?		<input type="checkbox"/>	<input type="checkbox"/>

Growth and Exit

Please describe your short terms plans for the business:

Please describe your long terms plans for the business:

Please describe your plans for exiting the business:

Discussion Items

Use this section to indicate your areas of concern that you would like to discuss in our consultation:

Description	Check All That Apply
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, certificates of rights, preferences and designations, articles of incorporation, bylaws and organizational minutes, shareholder agreements and operating agreements.	_____
Negotiating and drafting buy-sell agreements to address what happens if a co-owner dies or leaves a 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.	_____
Executive 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 the transfer and survival of a family business.	_____
Software and technology licenses, content licenses, software development agreements, turnkey computer systems installation agreements, web hosting agreements, web development agreements, and application service provider agreements.	_____
Leases and sub-leases 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 reorganizations 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 your estate taxes, avoiding probate, or reducing administration costs at time of your death.	_____

