

If you would like to know if an ESOP may or may not be suitable for your company, please fill out the form and the suitability checklist below. One of our experts will review your responses and contact you with the results within three business days.

All data and information you provide us is required to be treated as attorney/client privileged and confidential. Your information will not be used for any other purpose and will not be supplied to any other person or entity without your permission. We are not permitted to charge you and you will not be billed fees for this service or other services without your consent and a written engagement agreement.

To save the completed questionnaire using the interactive fields, you must have Adobe Acrobat installed on your computer.

ESOP Suitability Questionnaire				
Question	Yes	No		
1. Does the company earn more than \$5 million in annual gross revenue?		1		
2. Does the company have more than 25 non-union employees?				
3. Does the company "tax plan" to reduce its taxes by paying significant compensation or fringe benefits or by using other accounting methods?				
4. Is the company an S corporation?				
5. If the company is an S corporation does the company distribute more than \$100,000 a year to its shareholders to pay their taxes?				
6. Does the company have management employees that are ready or could be ready in 3 to 5 years to assume most responsibility to run the company?				
7. Does the company currently have or is it interested in paying incentive compensation to its employees?				
8. Do the owners work less than full time running the company?				
9. Are there any family members identified for succession to run the company?				
10. Are the shareholder(s) interested in business succession planning or in selling their stock?				
11. Are buy-sell agreements in place?				
12. Does the company currently contribute to any qualified retirement plans for its employees (e.g., 401k plan, profit sharing plan, defined benefit plan, etc.)?				
13. Have there been offers to purchase the company (by management or third parties)?				
14. Has the company ever been appraised?				
15. Has there been a significant increase in profitability in the last two years?				
16. Does the company do business in California?				
17. Does the company operate in more than one state?				

Please Fill In The Blanks					
Industry:					
Brief description of business (three sentences):					
Years in business:					
Share ownership (na	mes with ages):				
Name:		Age:	Ownership %		
Name:		Age:	Ownership %		
Name:		Age:	Ownership %		
Name:		Age:	Ownership %		
Name:		Age:	Ownership %		
Cross revenue ar	Projected Currer	nt Year Last Year	Previous Year		
Gross revenue, or:	-) -				
Net sales (if applicable	э):				
Taxable income:					
Taxes paid: Owner(s) total compensation:					
Salary:					
Bonus:					
Other cash per	rks:				
Last year's total empl	oyer matching contribution	on to 401k plan:			
Last year's total empl	oyer contribution to othe	r qualified plans (othe	r than 401(k) match):		
Number of union emp	oloyees:				
Number of non-union	employees:				
Total W-2 non-union (excluding owners')	compensation				

Brief description (three sentences) of what you would hope an ESOP could accomplish for your company:	

Any questions? Remember no question is too basic.

Contact Information				
Name:				
Title:				
Company:				
Industry:				
Street:				
City:				
State:				
Zip:				
Telephone:				
E-mail:				