THE APS PROGRAM FEASIBILITY QUESTIONNAIRE

Todayôs Date: _____ Name of APS PROGRAM Representative: Jeff Hardesty

Phone: 740-881-1691 E-mail: jeff@business-cost-recovery.com

PLEASE NOTE: All Information Will Be Held in Strictest Confidence

Please print out completed form and Fax to 866-451-5333

Business General Information

Name of Business: _____ Phone: _____

Website: _____ Fax: _____ Primary Contactôs Name: _____

Business Address: _____

E-mail: _____ Yr. Founded or Acquired: _____ Fiscal Year End: _____

Type of Business: ☐ C-Corp ☐ S-Corp ☐ LLC ☐ LLP ☐ Partnership ☐ Professional Corp ☐ Sole Proprietorship

Types of Products Made/Services Provided: _____

Where Products/Services Sold: ☐ Local ☐ Statewide ☐ National ☐ International If So, Where: _____

No. Full Time Employees: _____ Annual Payroll: $_____ No. Union Employees: _____Union Payroll: $_____

Business Financial Information

Ann. Gross Revenue Last Full Fiscal Yr: $_____ Previous Yr: $_____

Net Profit Before Taxes: Last Full Fiscal Yr: $_____ Previous Yr: $_____

Bus. Income Taxes Pd Last Yr (if known) $_____ Previous Yr: $_____

YTD Estimation (Brief narrative or Revenue/Net if available): _____

Estimated Average Annual Revenue Growth Next 5 Yrs : _____% Book Value: $_____ Est. Fair Mkt Value_____

Current Debt: $_____ Long Term Debt: $_____ Curr. Receivables: $_____ Avg. Age of Receivables: _____

Available Bank Credit Line: $_____ Other Considerations Impacting Value: _____

Other Controlled or Affiliated Businesses (Describe): _____

Business Owner Information

Stockholder (First, Last, Middle Init.)	Date of Birth	No. of Shares Held	Pct. of Ownership

If more space needed, use ADDITIONAL INFORMATION, on back of this form

Business Retirement/Succession Information

	Yes	No
Does the business have solid mgmt. that can run the business in the absence of the current owner?	☐	☐
Does a Buy/Sell Agreement exist? If yes, what is the amount funded at death? $_____ Disability: $_____	☐	☐
Are the ownerôs children potential successors?	☐	☐
Are there any other relatives employed by the business?	☐	☐
Does the business have an existing Government Qualified Plan? (If so, please provide information below)	☐	☐

☐ Defined Benefit Pension Plan Assets: $_____ Annual Contribution: $_____

☐ Profit Sharing Plan Assets: $_____ Annual Contribution: $_____

☐ 401k Plan Assets: $_____ Corporate Match: _____ %

☐ SEP IRA Assets: $_____ Corporate Match: _____ %

☐ Other: _____ Assets: $_____ Corporate Match: _____ %

☛ ***Please rank the following business and personal objectives from 1 to 5, 1 being the most important and 5 being the least*** ☚

☐ Save on business income taxes
☐ Save on personal income taxes for shareholders
☐ Cash out one or more shareholders
☐ Owner(s) wishes to retire; In _____ yrs.
☐ Sell or merge the business without major tax consequences
☐ Acquire another business
☐ Acquire additional equipment/assets with non-taxed funds
☐ Attract and retain key employees
☐ Increase business profitability
☐ Increase asset protection

See Back of Form

Please provide employee information below (or provide company census):

EMPLOYEE INFORMATION

	DATE OF BIRTH	DATE OF HIRE	ANNUAL SALARY/WAGE	TITLE/POSITION
1.	_____	_____	$_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____
9.	_____	_____	_____	_____
10.	_____	_____	_____	_____
11.	_____	_____	_____	_____
12.	_____	_____	_____	_____
13.	_____	_____	_____	_____
14.	_____	_____	_____	_____
15.	_____	_____	_____	_____
16.	_____	_____	_____	_____
17.	_____	_____	_____	_____
18.	_____	_____	_____	_____
19.	_____	_____	_____	_____
20.	_____	_____	_____	_____
21.	_____	_____	_____	_____
22.	_____	_____	_____	_____
23.	_____	_____	_____	_____
24.	_____	_____	_____	_____
25.	_____	_____	_____	_____

NOTE: If more than 25 employees, please provide separate company census

ADDITIONAL INFORMATION (OPTIONAL)

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