



# Debt Free Business Solutions 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
_____	\$ _____	_____ %	\$ _____	\$ _____
_____	\$ _____	_____ %	\$ _____	\$ _____
_____	\$ _____	_____ %	\$ _____	\$ _____
_____	\$ _____	_____ %	\$ _____	\$ _____
_____	\$ _____	_____ %	\$ _____	\$ _____
_____	\$ _____	_____ %	\$ _____	\$ _____
<b>Totals</b>	\$ _____	_____ %	\$ _____	\$ _____

## 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
_____	_____	\$ _____	\$ _____	_____	Yes No
_____	_____	\$ _____	\$ _____	_____	Yes No
_____	_____	\$ _____	\$ _____	_____	Yes No
_____	_____	\$ _____	\$ _____	_____	Yes No
_____	_____	\$ _____	\$ _____	_____	Yes No

## Owner Life Insurance in Force

General Health \_\_\_\_\_

Tobacco User \_\_\_\_\_ Other Insurables \_\_\_\_\_

### Permanent or Term

Premium \$ \_\_\_\_\_ Death Benefit \$ \_\_\_\_\_ Cash Value \$ \_\_\_\_\_

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Premium \$ \_\_\_\_\_ Death Benefit \$ \_\_\_\_\_ Cash Value \$ \_\_\_\_\_

Other Business Assets Not Listed \_\_\_\_\_

## Additional Notes

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## Current Concerns

Buy Sell Agreement      Executive Bonus      Key Person      Eliminating Debt

Qualified Sick Pay Plan    Reducing Taxes    Business Valuation    Maximizing Savings

## Future Expenditures

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