

## **Your Personal LIFT Business Audit**

## **PART I: LEGAL STRUCTURES**

Your Business:			
List the names and contact information for all business legal counsel:			
☐ General Business Counsel:			
□ Employment:			
□ Personal:			
□ Trademark:			
What Is the Name of Your Primary Business?			
Has This Name Been Trademarked or Otherwise Protected? If so, how?			
Are There Other Trademarks or Copyrights Owned By the Business?			
Has An Entity Been Formed For This Business? If so,			

Entity Formation Date:	Entity Type:	
Tax ID Number:	State:	
What Is the Overriding Vision for this Business	?	
What is the Current Mission of this Business?		
What is the Greater Purpose of this Business?		
How Do You Plan to Exit From this Business?		
Where Are Potential Threats to This Business and I	From This Business?	
Where Are the Business Operations For this Busine	ess Primarily Located?	
Do You Have Other Businesses? If so, please list ar	nd describe what they do:	

Maintenance of Your Business Entity (check all that apply):					
	Corporate Resolutions Issued on Formation:				
	Cor	Corporate Resolutions Issued for Important Events:			
	Me	embership Interest or Stock Issued/Stock Ledger Up to Date:			
	Byl	aws or Operating Agreement Customized and Applicable:			
	Buy/Sell Agreement in Place for Multi-Owner Company:				
	Annual Meeting Minutes Up to Date:				
	Reg	gistered Agent (Name & Address):			
Agreer	Agreements				
		Lease Review:			
	o Term:				
	Name on Lease:				
		o Key Terms:			
		,			
		JV Relationships:			
		o Documented:			
		<ul> <li>Undocumented:</li> </ul>			
		o Terms:			
		Dece /Coll Assessment			
		Buy/Sell Agreement:			
		o Terms:			
		Insurance Policy Info:			
		Vendor Agreement			
		Work For Hire Clause:			
		o Terms:			
		Client Fee Agreements:			
	Collect ability Issues:				
		o Misc:			

	Are There Undocumented or Verbal Agreements? If so, list terms:
Team	
	e an organizational chart for the business? If so, include:
Who gets t	he work of the business done?
Where doe	s the work get done for your business?
How are te	am members classified?
	Independent Contractor Full Time Employee
	, ,
	am members paid?
	Hourly
	Per Project
Employme	nt Practices:
	Written Employee Manual?  o Reviewed
	<ul><li>Potential Issues:</li><li>Signs Posted?</li></ul>
	Timesheets Regular reviews?
	Hiring/Firing Policies Reviewed

## PART II: INSURANCE PROTECTIONS

List all insurance professionals:	
□ Life:	
□ Health:	
□ Home/Auto:	
□ Business:	
List amounts of insurance and companies (for each, identify company, policy amoun	t, and any notes)
Life Insurance:	
Disability Insurance:	
Health Insurance:	-
Business Property Insurance:	_
Home or Renters Insurance:	_
E&O/D&O Coverage:	
Insurance to Fund Buy/Sell:	-
Liability Insurance:	-
Worker's Compensation:	-
Business Interruption:	_
Personal Umbrella Policy:	_
Specialty Insurance:	

## PART III: FINANCIAL SYSTEMS

List	t con	ntact information for all financial professionals:		
		Bookkeeper		
		Controller		
		Chief Financial Officer		
	Hov	w has your business been funded up until now?		
	Hav	ve accurate records of capitalization (investments into the business) been kept? If so, describe:		
	If a	dditional capital is needed to grow the business, where will it come from?		
	lc +	here any debt on the business?		
	15 (	mere any debt on the business:		
	Who is responsible for the repayment of that debt if the business does not succeed?			
	Are	e there other personally guaranteed liabilities?		
Во	okke	peping Software		
		QuickBooks		
		PeachTree Prosperity		
Do	Do you have any or all of the following?			
		Chart of Accounts		
		Annual Projections/Financial Model		
		Monthly reports being reviewed?		
		Weekly reports begin reviewed?		

PART IV: TAX STRATEGIES			
Name and Contact Information for CPA or Other Tax Preparer:			
When Was the Last Time You Met With Your CPA and How Often Do You Normally Meet?			
Do You Have a Retirement Plan in Place?			
Have Estimated Taxes Been Made?			
Are There Any Non-Filed Tax Returns Overdue?			
List Top 30 Personal Expenses You Pay:			
General Information About You and Your Business(es):			
How does your current business generate revenue and/or how will your new business generate revenue?			
What is your current annual revenue from all businesses?			

Where do you see yourself in five years?					
What do you project your revenue to be in five years and where will it be coming from?					
Describe your business(es) competitors:					
Other important information to disclose to your legal counsel:					
<b>Current Business</b>	(es) Ownership				
CURRENT BUSINESS NAME	CURRENT OWNER NAME	PERCENT OF TOTAL BUSINESS OWNED	CONTRIBUTION TIME AND/OR \$	SHARES ISSUED?	