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OFFERING EMPLOYEE BENEFITS

INTAKE FORM: EMPLOYEE STOCK OPTION PLANS

This document is designed to help you collect a variety of information about your company to help your attorney assess your company's situation and advise you about creating an ESOP. You should also collect the following documents (if they exist) to include in the file you will take to your attorney:

- √ Annual report (if there is one)
- √ Recent prospectus or private placement memorandum
- √ Recent financial statement
- √ Summary plan descriptions of current employee benefit plans

Today's Date: _____

GENERAL INFORMATION

Name of Company: _____

Company Address: _____

City State Zip

Contact Person: _____

Telephone Number: _____
Area Code Extension

E-mail Address: _____

Name of Accountant: _____

Telephone Number: _____
Area Code Extension

BUSINESS INFORMATION

What business is the company in? _____

Business form:

_____ Corporation _____ Partnership _____ Sole-proprietorship

If your company is a corporation,

in what state is the company incorporated? _____

what kind of tax treatment does it have?

_____ "C" corporation _____ "S" corporation

Affiliated companies, parent or subsidiaries:

Name of Company

Relationship to Your Company

_____	_____
_____	_____
_____	_____

STOCK INFORMATION

Is your company's stock publicly traded? _____ Yes _____ No

If "yes," which stock exchange? _____

How many shareholders are there? _____
(Provide an estimate if your company is publicly traded.)

How many stockholders hold 5% or more of the company's stock? _____

What percentages of stock do your *major* shareholders own? (List from most to least (5%.))

_____	_____	%
_____	_____	%
_____	_____	%
_____	_____	%
_____	_____	%

Are major shareholders active in the business? _____ Yes _____ No

Are family members of major shareholders active in the business

_____ Yes _____ No

If you answered "Yes," what are the relationships?

Stockholder

Family Member

Relationship

_____	_____	_____
_____	_____	_____
_____	_____	_____

What classes of stock are outstanding?

____ Common shares ____ Preferred shares ____ Other

Please provide more detail about the classes of stock if appropriate.

Is any sale of stock pending?

____ Yes ____ No

Are any options or warrants outstanding?

____ Yes ____ No

TAX INFORMATION

What tax bracket is the company in this year?

Federal _____

State _____

What bracket do you expect the company to be in next year?

Federal _____

State _____

How is your company taxed?

____ "C" corporation ____ "S" corporation

Other: _____

Past taxable income and federal taxes:

	<u>Net taxable income</u>	<u>Federal taxes paid</u>
1997	\$ _____	\$ _____
1998	\$ _____	\$ _____
1999	\$ _____	\$ _____
2000	\$ _____	\$ _____
2001	\$ _____	\$ _____

Projected taxable income and federal taxes:

	<u>Net taxable income</u>	<u>Federal taxes paid</u>
2000	\$ _____	\$ _____
2001	\$ _____	\$ _____
2002	\$ _____	\$ _____
2003	\$ _____	\$ _____

EMPLOYEE INFORMATION

How many employees does your company have? _____

How many of your employees are unionized? _____

What is the total payroll? \$ _____

What portion of the payroll is for unionized employees? \$ _____

Do you plan to include unionized employees? _____ Yes _____ No

As a percentage, how long have your employees been with the company?

0-6 months _____ %

6 mos. to 1 year _____ %

1-3 years _____ %

4-5 years _____ %

> 5 years _____ %

CURRENT KEY EMPLOYEES AND OFFICERS

Name: _____

Position: _____

Age: _____ Compensation: _____

Stock ownership: _____ %

Name: _____

Position: _____

Age: _____ Compensation: _____

Stock ownership: _____ %

Name: _____

Position: _____

Age: _____ Compensation: _____

Stock ownership: _____ %

Name: _____

Position: _____

Age: _____ Compensation: _____

Stock ownership: _____ %

POSSIBLE FUTURE KEY EMPLOYEES

Name: _____

Current Position: _____

Potential Position: _____

Compensation: _____

Name: _____

Current Position: _____

Potential Position: _____

Compensation: _____

Name: _____

Current Position: _____

Potential Position: _____

Compensation: _____

EMPLOYEE BENEFITS

Does your company currently have any *qualified* benefit plans?

_____ Yes

_____ No

Please provide the following information about your company's employee benefit plans.

Retirement Plans

- 1. Kind of plan: _____
Current assets: _____
Current contribution: _____
Current contribution expressed as a percentage of pay: _____ %
Type of Investments: _____
- 2. Kind of plan: _____
Current assets: _____
Current contribution: _____
Current contribution expressed as a percentage of pay: _____ %
Type of Investments: _____
- 3. Kind of plan: _____
Current assets: _____
Current contribution: _____
Current contribution expressed as a percentage of pay: _____ %
Type of Investments: _____

Welfare Plans

- 1. Kind of plan: _____
Benefits offered: _____

Cost to company: _____
- 2. Kind of plan: _____
Benefits offered: _____

Cost to company: _____
- 3. Kind of plan: _____
Benefits offered: _____

Cost to company: _____

Does your company have any *unqualified* plans?

_____ Yes _____ No

If yes, what kind of plans are they and how many employees participate?

1. Kind of plan: _____

Number of participants: _____

Cost to company: _____

2. Kind of plan: _____

Number of participants: _____

Cost to company: _____

3. Kind of plan: _____

Number of participants: _____

Cost to company: _____

Are any of the company's qualified plans "*top heavy*?"

_____ Yes _____ No

FINANCIAL INFORMATION

Current valuation, as of _____: \$ _____

Who provided the valuation of your company? _____

Retained earnings, as of _____: \$ _____

WHY DO YOU WANT TO CREATE AN ESOP?

_____ To motivate employees

_____ To convert current profit-sharing plan, accounted for as an expense

_____ To obtain working capital

_____ To refinance existing debt

_____ To increase cash flow by creating tax deductions

_____ To pass control of the business

_____ To aid in estate planning

_____ To guard against corporate takeovers

_____ Other Please describe: _____

