ACERTUS FINANCIAL & INSURANCE SERVICES LLC

Ronan, Montana

Business Structure & Tax-Efficiency Review

Discovery Questionnaire

Purpose of This Questionnaire

Thank you for choosing Acertus Financial & Insurance Services LLC. This questionnaire is designed to give us a complete picture of your business — how it's structured, how it's taxed, what coverage you carry, and where you want to go. Your answers will allow us to deliver a thorough, personalized review with recommendations tailored to your specific situation.

All information you provide is strictly confidential and will be used solely for the purpose of your Business Structure & Tax-Efficiency Review.

Please answer each question as completely as you can. If you're unsure about something, **"I don't know"** is always an acceptable answer — it helps us identify areas to look into on your behalf.

If a question doesn't apply to your situation, simply write "N/A."

Client Name:	**Date:**

Section 1: Business Owner Information

Full Legal Name:

Date of Birth:

Marital Status:

☐ Single ☐ Married ☐ Divorced ☐ Widowed ☐ Domestic Partnership

Phone Number:

Email Address:

Mailing Address:

Your Role/Title in the Business:

Do you own or partially own any other businesses? If yes, please list them below:

Section 2: Business Overview

Legal Business Name:

DBA / "Doing Business As" Name (if applicable):

Business Entity Type:

☐ Sole Proprietorship ☐ LLC ☐ S-Corp ☐ C-Corp ☐ Partnership ☐ Other: _____

State of Formation:

State(s) Where You Currently Operate:

Date Business Was Established:

EIN (Employer Identification Number):

Industry / Type of Business (e.g., towing, auto repair, mixed services):

Number of Employees:

Employee Type	Number
Full-Time Employees	
Part-Time Employees	
1099 Independent Contractors	

Approximate Annual Gross Revenue:

☐ Under $100K ☐ $100K–$250K ☐ $250K–$500K ☐ $500K–$1M ☐ $1M–$5M ☐ Over $5M

Approximate Annual Net Income (what you keep after expenses):

☐ Under $50K ☐ $50K–$100K ☐ $100K–$250K ☐ $250K–$500K ☐ Over $500K

Do you have a business partner or co-owners?

☐ No ☐ Yes — If yes, list names and ownership percentages below:

Section 3: Current Business Structure & Formation

Who helped you set up your business entity?

☐ Attorney ☐ CPA / Accountant ☐ Online Service (e.g., LegalZoom) ☐ Did It Myself ☐ Other: _____

Do you have a current operating agreement or bylaws on file?

☐ Yes ☐ No ☐ Not Sure

When was the last time your operating agreement was reviewed or updated?

How is your business currently taxed?

☐ Sole Proprietor (Schedule C) ☐ S-Corp ☐ C-Corp ☐ Partnership ☐ Not Sure

Have you ever considered or been advised to change your entity type?

☐ No ☐ Yes — If yes, what was discussed?

Do you have any holding companies, trusts, or separate entities for real estate or equipment?

☐ No ☐ Yes — If yes, please describe:

Section 4: Tax Situation

Who prepares your business taxes? (Name/Firm):

Who prepares your personal taxes?

☐ Same as above ☐ Different — Name/Firm: _____

How satisfied are you with the tax advice you're currently receiving?

1	2	3	4	5
Not at all		Neutral		Very satisfied

Comments (optional):

Approximate total tax liability last year (federal + state + self-employment combined):

Do you feel you are paying more in taxes than you should?

☐ Yes ☐ No ☐ Unsure

Have you ever been audited by the IRS or state tax authority?

☐ Yes ☐ No

Are there any outstanding tax issues, disputes, or unpaid balances?

☐ No ☐ Yes — Please describe:

Do you currently take a W-2 salary from your business?

☐ No ☐ Yes — Approximate annual amount: $_____

Do you take owner distributions (draws)?

☐ No ☐ Yes — Approximate annual amount: $_____

Are you aware of the Qualified Business Income (QBI) deduction?

☐ Yes, and I'm using it ☐ Yes, but I'm not sure if I qualify ☐ No, I've never heard of it ☐ Not sure

Section 5: Insurance Coverage

Please list your current business insurance policies:

Policy Type	Carrier / Company	Coverage Amount	Annual Premium
General Liability			
Commercial Auto			
Workers' Compensation			
Commercial Property			

Policy Type	Carrier / Company	Coverage Amount	Annual Premium
Umbrella / Excess Liability			
Inland Marine / Equipment			
Other: _____			

Do you have key-person life insurance?

☐ Yes ☐ No ☐ Not sure what this is

Do you have a buy-sell agreement? Is it funded with life insurance?

☐ Yes, and it's funded ☐ Yes, but it's not funded ☐ No buy-sell agreement ☐ Not sure

Personal Life Insurance Policies:

Policy Type	Carrier	Coverage Amount	Monthly/Annual Premium

Do you have disability insurance?

☐ Yes — Business ☐ Yes — Personal ☐ Both ☐ No

Do you feel adequately protected if something happened to you or a key employee?

☐ Yes ☐ No ☐ Not sure — I'd like help evaluating this

Section 6: Retirement & Benefits

Do you currently have a retirement plan for yourself?

☐ Traditional IRA ☐ Roth IRA ☐ SEP-IRA ☐ SIMPLE IRA ☐ Solo 401(k) ☐ Other: _____ ☐ None

Do you offer any retirement benefits to your employees?

☐ No ☐ Yes — What type? _____

Do you offer health insurance to your employees?

☐ Yes ☐ No ☐ Looking into it

Are you interested in learning about tax-advantaged retirement strategies for business owners?

☐ Yes ☐ No ☐ Maybe — Tell me more during the review

What is your target retirement age?

Do you have a rough idea of what you'll need for annual retirement income?

☐ Yes — Approximate amount: $_____/year ☐ No, I'd like help figuring this out

Section 7: Goals, Concerns & Priorities

What are your top 3 concerns about your business right now?

1.

2.

3.

Where do you see your business in 5 years?

Where do you see your business in 10 years?

What is your long-term plan for the business?

☐ Sell it ☐ Pass it to family ☐ Transition to a partner or key employee ☐ Wind it down ☐ Haven't thought about it yet

Have you done any succession or exit planning?

☐ Yes ☐ No ☐ No, but I'd like to

Is employee retention a challenge for you?

☐ Yes ☐ No ☐ Sometimes

What would an ideal outcome of this review look like for you?

Is there anything else you'd like us to know?

Section 8: Your Professional Team

Please list your current professional advisors so we can coordinate effectively on your behalf.

Professional	Name	Firm	Phone / Email
CPA / Accountant			
Attorney			
Insurance Agent(s)			
Financial Advisor (if not Acertus)			
Other: _____			

Are you open to Acertus coordinating directly with your CPA and/or attorney to streamline the review?

☐ Yes ☐ No ☐ Let's discuss

Authorization & Acknowledgment

By signing below, I authorize **Acertus Financial & Insurance Services LLC** to use the information provided in this questionnaire solely for the purpose of conducting my Business Structure & Tax-Efficiency Review. I understand that all information shared is **confidential** and will not be disclosed to any third

party without my express written consent, except as needed to coordinate with my designated professional advisors (CPA, attorney, etc.) as indicated above.

I confirm that the information I have provided is accurate and complete to the best of my knowledge. I understand that this questionnaire is for informational and planning purposes and does not constitute legal, tax, or accounting advice.

Client Signature **Date**

Printed Name
