



Small Business Analysis Questionnaire

“Would you go to your doctor and ask him/her to give you his/her best medical advice on the health of your total body system, and would you accept their prescription if he/she did not do a complete medical analysis of your body (blood work, diagnostic machines, X-rays etc.)? Then do not be intimidated by the process of gathering information by your Financial and Business Strategist, who needs to be thorough to give you his/her best professional advice regarding the health of your Personal/Business.”

“A person or business without a written goal or mission statement is like a ship sailing without a rudder, direction or guidance. It will drift aimlessly by the wind and the current, to arrive somewhere, at some time in some unplanned condition.”



*The longer you take to make corrections (ask & answer questions)
 The further away you will be from your desired objective*

“You can’t expect what you don’t inspect”

Member Information

Member Information		
Last Name	First	MI
Street Address		Apartment/Unit #
City	State	Zip
Phone	E-mail-Address	
Annual Income \$	Source of Income: Employee []	Self-Employed []
What is your budget for this project \$		

Business Information

Business Information		
Business Legal Name		
Business Address		# of Years in Business
City	State	Zip
Business Phone	E-mail Address	
EIN #	DUN's #	
Legal Structure of your Business (Corporate; Partnership; LLC, etc.)		
Last Year's Gross Income \$	Previous Year's Gross Income \$	
State Currently Registered in	Year Registered	Not Registered []
Registeres Agent Information	Name:	Address:

1. How many people or entities have shares/ownership in the Business? _____
2. How many years is business operationally functional through the current time? _____
3. What is the plan to replace any, or all of the principal operators of the Business? _____

4. Who or which entity does the accounting for the Business? _____
5. What are the current annual operational Expenses for the Business? _____
6. What is the current annual revenue for the business? _____
7. Is the Business current with its State and Federal Taxes? Y [] N [] Year last year taxes were filed _____
8. Does the Owner(s) or principal operators receive a salary(s)? Y [] No [] If yes, Annual Salary \$ _____
9. What is the Project growth 1,5,10 years (number of clients) for the Business? _____
10. What is the Projected growth 1,5,10 years Annual revenue) for the Business? _____
11. Do you have a written goal for your personal life? Yes [] No []
12. Do you have a written marketing plan to meet the projected growth of the Business? ? Yes [] No []
13. Do you have a written marketing plan to meet the projected growth of the Business? ? Yes [] No []
14. Where does the Business receive its financial support from? _____
15. Have you ever worked with a Personal Development Life Coach? (if Yes, how long were you engaged in personal Development Coaching?)

16. Have you ever worked with a Business Coach? (If Yes, how many years did you work with the business Coach?) _____

17. Who is/are influencing your decision making: Can you name the number of people you admire, and please explain why for each person named? _____

Describe your vision for this company

Download and return the completed form via email to nbinresponse@gmail.com

Once we receive your completed form we will contact you within 24 hours to discuss your best options.