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| **Please complete form, provide contact information below, and email to paige@esopservices or fax to 858-565-0764.** You will be contracted by an ESOP specialist to discuss your goals and objectives and the process of assessing an ESOP to meet your goals and objectives.\_\_\_\_\_\_\_\_\_\_\_Company Name: Click here to enter text. Contact Name:  Click here to enter text.Position / Title:Click here to enter text.Phone Number: Click here to enter text.Email: Click here to enter text. | **ESOP Candidate Check List** The greater the number of “yes” responses, the better the candidate.Please check type of Corporation. [ ]  “C” corp. [ ]  “S” corp. [ ]  LLC [ ]  Professional corp.[ ]  Other Click here to enter text.[ ]  Yes [ ]  No    2. The company is closely held.[ ]  Yes [ ]  No    3. The company has payroll adequate to support an ESOP (minimum $1,000,000).[ ]  Yes [ ]  No    4. The company has had strong pretax, pre-distribution/bonus earnings and cash flow over the previous few years.[ ]  Yes [ ]  No    5. The company expects to have pretax, pre-distribution/bonus earnings over the next few years averaging $1,000,000+.[ ]  Yes [ ]  No    6. The company, or individuals recoginizing pass through income, expect to pay substantial federal income taxes during the past few years.[ ]  Yes [ ]  No    7. One or more stockholders desire liquidity and are willing to consider selling some stock at a fair price. [ ]  Yes [ ]  No    8. If one or more principal executives plans to depart in connection with the sale, strong successor management is available.[ ]  Yes [ ]  No    9. The company customarily makes matching contributions to a 401(k) plan.[ ]  Yes [ ]  No    10. The owners desire to leave a legacy and/or reward employees. |
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