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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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