

YOUR STOCK OPTIONS

STOCK OPTIONS PLAN

Who is the owner: Client Co-Client

Stock Name: _____

Market Price: \$ _____

Last Update: _____

Do all options vest at death? No Yes

VESTING SCHEDULE

Name	% VESTED BY YEAR									
	1	2	3	4	5	6	7	8	9	10

Stock Options Grant

Grant date: _____

Options granted: _____

Expiration date: _____

Select vesting schedule: _____

Type: ISO NQO

Grant name: _____

Options already exercised: _____

Grant price: _____

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Stock Options - Cash Receipt Schedule: As an alternative to letting the program calculate the future value of Stock Options, enter the after-tax, future cash amount(s) below.

Stock Options

Name of grant: _____ Future value (*after tax*) Low: \$ _____

Year cash received: _____ Future value (*after tax*) Expected: \$ _____

Future value (*after tax*) High: \$ _____

Name of grant: _____ Future value (*after tax*) Low: \$ _____

Year cash received: _____ Future value (*after tax*) Expected: \$ _____

Future value (*after tax*) High: \$ _____

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