



Sellers' Questionnaire

Seller Profile: Questions in this section refer to seller's practice.

Sellers Name:
Firm Name: DBA:
Firm Address:
Office Phone: Home Phone:
Office Fax: Mobile/Pager:
Email address: Website:
May we contact you? [ ] Yes [ ] No How should we contact you? Office [ ] Home [ ] Email [ ]

Experience

Are you a licensed? [ ] Yes [ ] No Type of license? (CPA, EA, etc.)
Any Existing Liens on Practice? [ ] Yes [ ] No Lien Holder: Amount \$:
This firm is a: Sole Pract [ ] LLC [ ] Partnership [ ] Other [ ]

Practice Acquisition

Transaction

Total Purchase Price (\$) Buyer's Contribution
Note to Seller Terms of Note to Seller
How was price determined? Valuation
Appraiser: Date of Appraisal
Proposed Allocation of Purchase Price:
Client List
Goodwill
Restrictive Covenant
Furniture/Equipment
Will you remain after the sale? [ ] Yes [ ] No If Yes, How Long?
If Yes, What Is Planned Compensation?
Will Staff Remain after Sale? [ ] Yes [ ] No Is Staff Aware of Sale? [ ] Yes [ ] No
Unusual Characteristics of Practice? [ ] Yes [ ] No Explain:
Will you sign a non-compete agreement with the buyer? [ ] Yes [ ] No Describe:

Reason for selling?				
Year established?		Brief history of firm?		
<b>Facility (Owned or Leased)</b>				
Sq. Footage: _____		Room for Expansion: <input type="checkbox"/> Yes <input type="checkbox"/> No		Own or lease? _____
Description of Location:				
How many office locations do you have?				
If more than one location, please list each address:				
Will the buyer operate from your office space?				
Office lease assumable? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe				
<b>Practice Performance</b>				
<b>Fiscal Year</b> _____	<b>2017</b>	<b>2016</b>	<b>2015</b>	<b>2014</b>
Gross Revenue (\$)				
Expenses				
Net Profit				

**Personnel**

Partner/Owners \_\_\_\_\_ Accountants \_\_\_\_\_ Bookkeepers \_\_\_\_\_  
 Recp./Sec. \_\_\_\_\_ Office Mgr. \_\_\_\_\_ Part-Time Staff \_\_\_\_\_  
 Office Hours: M \_\_\_\_\_ T \_\_\_\_\_ W \_\_\_\_\_ Th \_\_\_\_\_ F \_\_\_\_\_ S \_\_\_\_\_

**Client Base (Practice Being Acquired)**

**Accounting, Bookkeeping, Compilations**

<u># of Clients</u>	<u>Fee / Client</u>	<u>Annual Revenue</u>
Monthly _____	Avg. Fee _____	Total Revenue _____
Quarterly _____	Avg. Fee _____	Total Revenue _____
Annual _____	Avg. Fee _____	Total Revenue _____

**Income Tax**

Individuals _____	Avg. Fee _____	Total Revenue _____
Business _____	Avg. Fee _____	Total Revenue _____
Other _____	Avg. Fee _____	Total Revenue _____

**Audits & Reviews**

Audits _____	Avg. Fee _____	Total Revenue _____
Reviews _____	Avg. Fee _____	Total Revenue _____

**Consulting & Other Services**

**Describe**

_____	Avg. Fee _____	Total Revenue _____
_____	Avg. Fee _____	Total Revenue _____
_____	Avg. Fee _____	Total Revenue _____

Approx. # of Active Clients: \_\_\_\_\_ Average # of New Clients Per Year: \_\_\_\_\_

List Top Three Clients:	1. _____	Percent of Revenue	1. _____ %
(Industry Type)	2. _____		2. _____ %
	3. _____		3. _____ %

Current Marketing Techniques Used: \_\_\_\_\_

**Accounts Receivable (Please include even if A/R is not included in sale)**

Included in Purchase:  Yes  No      Approx. Amount of A/R (\$): \_\_\_\_\_  
 Current (\$) \_\_\_\_\_ 30 Days \_\_\_\_\_ 60 Days \_\_\_\_\_ 90 Days + \_\_\_\_\_  
 Total Amount in Collections (\$) \_\_\_\_\_      Percentage in Collections \_\_\_\_\_

Comments on A/R: