



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?		
Facility (Owned or Leased)				
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				
Practice Performance				
Fiscal Year _____	2016	2015	2014	2013
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: