



ACCOUNTING & TAX BROKERAGE

PRACTICE FINANCIAL DISCLOSURE

Please provide information about your firm

Firm Name: _____

Firm Address: _____

City/St/Zip: _____

Office Phone: (____) _____ Fax: (____) _____

Website: _____

Seller's Name: _____

Seller's Confidential Email: _____

Home Phone: (____) _____ Cell: (____) _____

Legal Entity Form: _____

Number of Shareholder/Partners _____

Direct Correspondence to: ___Office ___Home ___Email ___Other: _____

Reason for Selling: _____

CPA _____ Public Accountant _____ Enrolled Agent _____ Other: _____

Licenses & Certifications: _____

Professional Organizations: _____

Year Established _____ How long at this location? _____

Any Existing Liens on the Practice? _____ Amount _____

Lien Holder _____

Give us a brief history of your practice:



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How many clients come in for appointment, approx. % _____

Walk Ins % _____ Mail/Email (or other electronic send in) % _____

Is Practice Relocatable? _____

Which Tax Software do you use? _____

What other software does your practice use? _____

Total Cash Basis Revenues: 2018: _____ 2019: _____ 2020: _____

What is your hourly rate? _____

Desired Asking Price: _____ Will you consider carrying financing? _____

Proposed Term & Interest Rate _____

Estimated Value of Furniture and Equipment: _____

of Office Locations: _____ Description of Facilities: _____

Office Rent: \$ _____ mo. Sq. Ft: _____ Expiration Date: _____

Office Lease Assumable: Yes _____ No _____ Maybe _____ Required _____

Please provide us details pertaining to tax preparation during the last calendar year:

1040 _____ Avg. Fee \$ _____ Total \$ _____

1120 _____ Avg. Fee \$ _____ Total \$ _____

1120S _____ Avg. Fee \$ _____ Total \$ _____

1065 _____ Avg. Fee \$ _____ Total \$ _____

1041 _____ Avg. Fee \$ _____ Total \$ _____

990 _____ Avg. Fee \$ _____ Total \$ _____

706 _____ Avg. Fee \$ _____ Total \$ _____

709 _____ Avg. Fee \$ _____ Total \$ _____



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Prior year returns filed last season: _____ Total \$ _____

Audits, Reviews (Describe): _____ Total \$ _____

Other Services: _____ Total \$ _____

Payroll Service Revenue: \$ _____

of Payroll Clients: _____ Avg.# of payees per client: _____

If you provide Accounting or Bookkeeping Services, please provide the following:

Summary Client Information - Accounting, Bookkeeping, Compilations:

of Monthly Clients _____ Avg Fee \$ _____ Total \$ _____

of Quarterly Clients _____ Avg Fee \$ _____ Total \$ _____

of Annual Clients _____ Avg Fee \$ _____ Total \$ _____

Have You Attempted to Sell Before: Yes _____ No _____

If Yes, Explain What Was Done: _____

Number of Employees: (Attach Employee Detail Summary, if applicable)

Year-round F/T _____ P/T _____ Contract _____

During Tax/Season F/T _____ P/T _____ Contract _____

What are their positions? _____

Are your employees aware of the sale? _____

Will any of them likely stay after the sale? _____

Which one(s) _____

Would you like to remain after the sale? _____ How Long? _____

Your desired compensation: _____

Will you sign a non-compete agreement with the buyer? _____



PRACTICE FINANCIAL DISCLOSURE

Unusual Characteristics of practice: _____

Are there any disputes with the landlord? Yes _____ No _____

Is there any pending litigation? Yes _____ No _____

Has your license ever been suspended or revoked? Yes _____ No _____

What qualities do you find most important in your successor? _____

Comments _____

Please attach the following:

Current YTD P&L

Past 3 year's "Cash Basis" Profit & Loss statements

Current office lease, if applicable

Employee Detail Summary, if applicable

Date

Seller Signature

Print Name

Thanks for helping us find you the perfect Buyer for your practice! Please fax back to us at (866) 512-1792, e-mail to Lynn@ATBCal.com, or mail to our offices, 227 S. Maple Street, Escondido, CA 92025.



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Employee Detail Summary

Employee-

Job Title: _____

Summary of their responsibilities: _____

Full or Part Time & Hours: _____

Pay Rate: _____

How long with company? _____

Do they receive benefits? _____

Will they stay after the sale? _____

Employee-

Job Title: _____

Summary of their responsibilities: _____

Full or Part Time & Hours: _____

Pay Rate: _____

How long with company? _____

Do they receive benefits? _____

Will they stay after the sale? _____

Employee-

Job Title: _____

Summary of their responsibilities: _____

Full or Part Time & Hours: _____

Pay Rate: _____

How long with company? _____

Do they receive benefits? _____

Will they stay after the sale? _____

Please attach as many sheets as needed to list your full staff.