



SELLER PROFILE & PRACTICE FINANCIAL DISCLOSURE

Sellers Name _____ Title _____ License Type/Number/Status _____

Firm Name _____ Business Telephone Number _____

Firm Street Address _____ Cell Phone Number _____

City/State/Zip _____ Home Phone Number _____

How did you hear about us? _____ Email Address _____

Is your staff aware of this sale? _____

Is it ok to call the office and/or leave a message if you are not available? _____

Direct Correspondence to: ___ Office ___ Home ___ Email ___ Other: _____

Entity Type _____ Number of Shareholders/Partners _____

Licenses & Certifications _____

Professional Organization Memberships within the Industry _____

Reason for Selling _____

Give us a brief history of your practice _____

Unusual Characteristics of practice _____

Is this a full or partial sale of the firm? _____

Number of office locations: _____ Will all locations be included in this sale? _____

Brief description of office space(s): _____

Year Established _____ How long at this location? _____ Is Practice relocatable? _____

Office Rent _____/mo. Sq. Ft. _____ How far can firm be moved? _____

Office Lease Assumable ___Yes ___No ___Maybe ___Required Lease Expiration Date _____

*Please note that the negotiation of a lease is solely between the Buyer & Landlord and will not be part of the agreement.

Are there any disputes with the landlord? _____

Desired Asking Price \$ _____ Will you consider carrying financing? _____

Proposed Term & Interest Rate _____

Estimated Value of Furniture & Equipment to be included _____

Which Tax Software do you use? _____

What other software does your practice use? _____

What is your hourly rate? _____ How do you normally Bill? _____

Total Cash Basis Revenues for last 3 consecutive years:

Year 20____: \$ _____/Year 20____: \$ _____/Year 20____: \$ _____

Approximately what percentage of clients:

Come in for an appointment: _____% Drop-Off: _____% Mail: _____% Electronically Send: _____%

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 \$ _____

Prior Year Returns filed last season _____ Total \$ _____

Audits, Reviews (Describe) _____ Total \$ _____

Other Services (Describe) _____ Total \$ _____

Payroll Service Clients _____ Avg. # of payees per client _____ Total \$ _____

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 \$ _____

Number of Employees - Please fill out Employee Detail Summary

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

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

Will any of them likely stay after the sale? _____

Would YOU like to stay after the sale? _____

How Long? _____ Your desired Compensation _____

Have you attempted to sell before? ___ Yes ___ No

If yes, explain what was done: _____

Do you currently hold any legal obligation to another Broker? ___ Yes ___ No

Any Existing Liens on the Practice? _____ Amount _____

Lien Holder _____

Is there any pending litigation? ___ Yes ___ No

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

Will you sign a Non-Compete Agreement with the Buyer? ___ Yes ___ No

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

Please attach the following:

-Current YTD P&L

-Past 3 year's "Cash Basis" P&L statements

-Current Office Lease

-Employee Detail Summary (if applicable)

Seller Signature

Date

Print Name

Employee Detail Summary

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

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? _____

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