



ACCOUNTING & TAX BROKERAGE

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: _____

Have you attempted to sell before? ____No ____Yes If yes, explain what was done and the Broker name (if any):

Do you currently hold any legal obligation to another Broker? ____No ____Yes If yes, include their name(s) and any potential Buyers you were previously introduced to by said Broker. _____

ABOUT YOUR PRACTICE:

Entity Type _____ Number of Shareholders/Partners _____

Year Established _____ Licenses & Certifications _____

Professional Organization Memberships within the Industry _____

Reason for Selling _____

Give us a brief history of your practice and any unusual characteristics:

What Tax Software do you use? * _____

*If you use Lacerte please include data from Tax Practice Summary Report Individual Module

What other software does your practice use? _____

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

Are there any liens or loans secured against any business assets? _____

Amount \$ _____ Lien Holder _____

Is there any pending litigation? _____ No Yes (explain) _____

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

Will you sign a Non-Compete Agreement with the Buyer? _____ Yes No (explain) _____

What qualities do you find most important in your successor?

Will you consider carrying financing? _____ Proposed Term & Interest Rate _____

Is this a full or partial sale? _____ # of office locations: _____ Will all locations be included in this sale? _____

OFFICE SPACE:

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? _____ No Yes(explain) _____

How long at this location? _____ Office Rent _____/mo. Sq. Ft. _____

Is this Practice relocatable? _____ How far can it be moved? _____

Brief description of office space(s):

Estimated Value of Furniture & Equipment to be included: \$ _____

Anything NOT included?

CLIENTS:

Approximately what percentage of clients:

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

Common client types (i.e., industries, sch c, ind. types, etc.)

How do your clients typically interact with your firm? Do they see you personally? Are there sit-down meetings for reviews? Do many sign electronically? Etc.

FINANCIALS:

Total **Cash Basis** Revenues for last 3 consecutive years:

Year 20__ : \$ _____ /Year 20__ : \$ _____ /Year 20__ : \$ _____

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

	How Many	Avg. Fee	Total
1040			
1120			
1120S			
1065			
1041			
990			
706			
709			
		Total	

If you provide any of the following services, please provide a client information summary below:

		Accounting	Bookkeeping	Compilations
	# of Clients	Avg. Fee	Avg. Fee	Avg. Fee
Monthly				
Quarterly				
Annual				
	Total			

	# of Clients	Describe	Total \$
Audits/Reviews			
Attestation Services			
Payroll		Avg. payees per Client	Live After-the-Fact

Additional Services (Describe) Total \$ _____

Anything else you would like us to know about your Practice?

If there are multiple Sellers, will all of you sign or will there be a designated signer for all contracts? Please include the Full Name, Title, and email address for each signer.

1

_____	_____
Seller Signature	Date

Print Name, Title	

Email Address	

2

_____	_____
Seller Signature	Date

Print Name, Title	

Email Address	

3

_____	_____
Seller Signature	Date

Print Name, Title	

Email Address	

4

_____	_____
Seller Signature	Date

Print Name, Title	

Email Address	

Employee Detail Summary

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

SELLER-

Typical hours worked:

OFF SEASON: Billable: _____ Admin: _____ # of Days a Week: _____

TAX SEASON: Billable: _____ Admin: _____ # of Days a Week: _____

Would YOU like to stay after the sale? _____

Pay Rate: _____ Hours: _____ How Long?: _____

1 Employee-

Job Title: _____ Full or Part Time & Hours: _____

Summary of their responsibilities: _____

Pay Rate: _____ How long with company? _____ Do they receive benefits? _____

Will they stay after the sale? _____

2 Employee-

Job Title: _____ Full or Part Time & Hours: _____

Summary of their responsibilities: _____

Pay Rate: _____ How long with company? _____ Do they receive benefits? _____

Will they stay after the sale? _____

3 Employee-

Job Title: _____ Full or Part Time & Hours: _____

Summary of their responsibilities: _____

Pay Rate: _____ How long with company? _____ Do they receive benefits? _____

Will they stay after the sale? _____

4 Employee-

Job Title: _____ Full or Part Time & Hours: _____

Summary of their responsibilities: _____

Pay Rate: _____ How long with company? _____ Do they receive benefits? _____

Will they stay after the sale? _____