



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: 2016: _____ 2017: _____ 2018: _____

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:

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

Seller Signature

Date

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, 300 W. Grand Avenue, Suite 205, Escondido, CA 92025.