



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 Office Home Email
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 _____	2011	2010	2009	2008
Gross Revenue (\$)				
Expenses				
Net Profit				

