

**SELLER'S CHECKLIST**

- |  |   |
|--|---|
| <input type="checkbox"/> Practice Evaluation Profile   | <input type="checkbox"/> Billings/Service Analysis Reports for last 3 years by month. |
| <input type="checkbox"/> Current year profit and loss (within 6 months if 3 or more months into new business year) | <input type="checkbox"/> Last 3 years client list with services provided.             |
| <input type="checkbox"/> Tax returns: 3 years; full copies, personal and business tax returns.                     | <input type="checkbox"/> Practice Monthly cash flow statements for the last 2 years   |
| <input type="checkbox"/> List of computer hardware and software with age.  |   |
| <input type="checkbox"/> Service Breakdown   |   |
| <input type="checkbox"/> Copies of all employment agreements   |   |

**SELLER'S INFORMATION**

Seller's Name: \_\_\_\_\_ Is the staff aware of the sale?  Yes  No  
 Practice name: \_\_\_\_\_ Reason for sale of practice? \_\_\_\_\_  
 Office Address: \_\_\_\_\_ Will seller remain after the sale?  Yes  No  
 City, state, zip: \_\_\_\_\_ If yes, how many months? \_\_\_\_\_  
 Office phone: (\_\_\_\_) \_\_\_\_\_ Compensation Structure \_\_\_\_\_  
 Brief history of practice and description of clientele: \_\_\_\_\_

**EMPLOYMENT INFORMATION**

(Please list all employees including owner, use additional sheet if necessary)

Position/Job Description	Hire Date	FT/PT	Compensation	Billing Rate	Realization %	Utilization %
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Are employees subject to non-compete agreements?  Yes  No  
 Owner/Partner – Billing Rates: \_\_\_\_\_ Annual Billable Hours: \_\_\_\_\_  
 Other Information: \_\_\_\_\_

**ACCOUNTS RECEIVABLE (Please include even if A/R is not included in sale)**

Included in purchase:  Yes  No      Approx. Amount of A/R (\$): \_\_\_\_\_  
 If yes, is it with recourse?  Yes  No      Is Work in Progress (WIP) included in the transaction? If Yes, explain \_\_\_\_\_  
 Current (\$)      30 Days      60 Days      90 Days+      \_\_\_\_\_  
 Total Amount in Collection (\$)      \_\_\_\_\_      Percentage in Collections      \_\_\_\_\_

Comments on A/R: \_\_\_\_\_

**PRACTICE TRANSITION INFORMATION**

Seller has been at location how long? \_\_\_\_\_ years  
 Did the seller start or acquire the practice? \_\_\_\_\_ What year? \_\_\_\_\_  
 Practice has been in existence for how long? \_\_\_\_\_  
 Are there any lien holders?  Yes  No If yes, please complete attached Debt Service Schedule.  
 Does the seller own any other practices?  Yes  No If yes, distance between practices? \_\_\_\_\_  
 Which practice will be sold (name and location)? \_\_\_\_\_  
 Does your practice have a specialty? Please explain: \_\_\_\_\_

**TRANSITION PLAN OVERVIEW**

Please outline the practice transition plan to include: Non-competition and staff non-solicitation agreements, deal structure including client retention and seller note structure (term, interest rate, and monthly payments to seller, if applicable), and any other transition plan information:

**REVENUE DISTRIBUTION (Practice Being Acquired)**

**Accounting Services**

	<u># of Clients</u>		<u>Fee/Client</u>		<u>Annual Revenue</u>
Monthly	_____	Avg. Fee	_____	Total Revenue	_____
Quarterly	_____	Avg. Fee	_____	Total Revenue	_____
Annual	_____	Avg. Fee	_____	Total Revenue	_____

**Income Tax**

Individuals	_____	Avg. Fee	_____	Total Revenue	_____
Business	_____	Avg. Fee	_____	Total Revenue	_____
Other	_____	Avg. Fee	_____	Total Revenue	_____

**Audits & Reviews**

Audits	_____	Avg. Fee	_____	Total Revenue	_____
Reviews	_____	Avg. Fee	_____	Total Revenue	_____

**Consulting & Other Services**

<b>Describe</b>	_____	Avg. Fee	_____	Total Revenue	_____
	_____	Avg. Fee	_____	Total Revenue	_____
	_____	Avg. Fee	_____	Total Revenue	_____

Approx. # of Active Clients \_\_\_\_\_ Average # New Clients Per Year: \_\_\_\_\_

List Top Three Clients: \_\_\_\_\_ Percent of Revenue \_\_\_\_\_

1. _____	_____ %
2. _____	_____ %
3. _____	_____ %

Current Marketing Techniques Used: \_\_\_\_\_

**PRACTICE PERFORMANCE**

<b>Fiscal Year</b> _____	<b>Projected this year</b>	<b>Previous 4 years</b>
Gross Revenue (\$)	_____	_____
Expenses	_____	_____
Net Profit	_____	_____

What are the hours of operation? \_\_\_\_\_

What type of Software does your practice use? \_\_\_\_\_

Individual Tax: \_\_\_\_\_ Practice Management: \_\_\_\_\_

Business Tax: \_\_\_\_\_

**LEASE INFORMATION**

Monthly Rent \$ \_\_\_\_\_ Original lease term (yrs) \_\_\_\_\_ Lease expiration date \_\_\_\_\_

Renewal option  Yes  No # years \_\_\_\_\_ Purchase option  Yes  No Date \_\_\_\_\_

Lease renewal amount/month \$ \_\_\_\_\_ Purchase option amount \$ \_\_\_\_\_ Can this lease be assigned?  Yes  No

Landlord Name \_\_\_\_\_ Landlord Phone # \_\_\_\_\_

**BUILDING INFORMATION**

Is the building for sale?  Yes  No If yes, what is the purchase price? \$ \_\_\_\_\_ Seller Financing Amount? \$ \_\_\_\_\_

Total sq. ft. of building \_\_\_\_\_ Total number of floors \_\_\_\_\_ Building Type:  Free Standing  Condominium  Cooperative

Building Age \_\_\_\_\_ Does your practice occupy at least 51% of the building?  Yes  No Total number of tenants \_\_\_\_\_

### DEBT SERVICE SCHEDULE

Seller's Name: \_\_\_\_\_

Loan Payments (and Lease Payments not included in cash expenses)										
Payable to Whom	Collateral	Original Date	Original Amount	Current Balance	Principal Due Within 1 Year	Principal Due Beyond 1 Year	Accrued Interest	Interest Rate	Monthly Payment	Due Date(s) of Payments
1.			\$	\$	\$	\$	\$	%	\$	
2.			\$	\$	\$	\$	\$	%	\$	
3.			\$	\$	\$	\$	\$	%	\$	
4.			\$	\$	\$	\$	\$	%	\$	
5.			\$	\$	\$	\$	\$	%	\$	
6.			\$	\$	\$	\$	\$	%	\$	
7.			\$	\$	\$	\$	\$	%	\$	
8.			\$	\$	\$	\$	\$	%	\$	
9.			\$	\$	\$	\$	\$	%	\$	
10.			\$	\$	\$	\$	\$	%	\$	
11.			\$	\$	\$	\$	\$	%	\$	
12.			\$	\$	\$	\$	\$	%	\$	
13.			\$	\$	\$	\$	\$	%	\$	
14.			\$	\$	\$	\$	\$	%	\$	
15.			\$	\$	\$	\$	\$	%	\$	