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## **SALON PROFILE QUESTIONNAIRE**

**Please fill out and email, fax or mail back to me with your documentation.**

### **SALON**

- 1. Do you own or lease your building? Own  Lease**   
**Monthly payments \_\_\_\_\_**
- 2. Are there any monthly fees associated with the lease?**  
**Yes  No  Amount \_\_\_\_\_**
- 3. Number of square feet of building? \_\_\_\_\_**
- 4. What type of setting is your building in?**
  - Strip Center**
  - Free Standing Building**
  - Enclosed Mall**
  - \_\_\_\_\_
- 5. How many stations do you have in your salon? \_\_\_\_\_**
- 6. Do you lease or own your equipment? Lease  Own**   
**Monthly payment \_\_\_\_\_**

**7. What services do you provide at the salon?**

- Hair cutting**
- Hair coloring**
- Style consulting**
- Perms**
- Manicures**
- Sculptured nails**
- Spa services**
- Massages**
- Waxing**
- Make-up application**
- \_\_\_\_\_
- \_\_\_\_\_

**8. Do you pay utilities?**

<b>Utility</b>	<b>Amount</b>
_____	_____
_____	_____
_____	_____
_____	_____

**9. What are your salon hours?**

- Monday** \_\_\_\_\_
- Tuesday** \_\_\_\_\_
- Wednesday** \_\_\_\_\_
- Thursday** \_\_\_\_\_
- Friday** \_\_\_\_\_
- Saturday** \_\_\_\_\_
- Sunday** \_\_\_\_\_

**10. Is your salon computerized? Yes  No**

**11. What salon software do you use? \_\_\_\_\_**

**12. Do you sell retail products? Yes  No**

**13. Do you sell items other than hair products (Clothing, jewelry, etc.)? Yes  No**

**14. Name the distributors that you deal with and how often their salespeople call on you?**

<b>Distributor</b>	<b>How Often</b>
_____	_____
_____	_____
_____	_____
_____	_____

**15. When was the last time you remodeled your salon?**

\_\_\_\_\_

**16. Do you plan on expanding in the near future?**

Yes  No

# **STAFF**

**1. How many employees do you currently have?**

**Hair Stylists** \_\_\_\_\_

**Assistants** \_\_\_\_\_

**Nail Technicians** \_\_\_\_\_

**Spa Technicians** \_\_\_\_\_

**Massage Therapist** \_\_\_\_\_

**Receptionist** \_\_\_\_\_

**Salon Manager** \_\_\_\_\_

**Part-time staff** \_\_\_\_\_

**2. How many people do you currently have booth renting?**

**Hair Stylists** \_\_\_\_\_

**Nail Technicians** \_\_\_\_\_

**Massage Therapist** \_\_\_\_\_

**Spa Technicians** \_\_\_\_\_

**3. How is your staff compensated?**

**Salary** \$ \_\_\_\_\_

**Commission** \_\_\_\_\_%

**Hourly** \$ \_\_\_\_\_

**4. Do your employees receive commission on retail?**

Yes  No

**Define your plan** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**5. What type of fringe benefits are you providing?**

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**6. What type of educational program do you provide?**

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**7. What educational requirements do you have for your staff?**

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**8. Do you have employee meetings? Yes  No**   
**How often? \_\_\_\_\_**

**9. Do you have a dress code? Yes  No**

**10. How do you recruit new employees?**

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**11. Describe your training program for new employees?**

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**12. Describe your orientation program for new employees?**

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**13. Do you have a salon retreat with your staff? Yes  No**

**14. Do you have a mission statement? Yes  No**

**If so, please attach.**

## **BUSINESS**

**1. Do you have a salon budget? Yes  No**

**2. Do you have written salon business goals? Yes  No**

**3. What form of business are you?**

- Sole proprietor**
- S corporation**
- C corporation**
- Limited liability company**
- Partnership**

**4. Do you review financial statements?**

- Monthly**
- Quarterly**
- Annually**

**5. Do you feel that you are utilizing all the tax advantages for your particular form of business? Yes  No**

**6. Do you have a “business team” that you meet with on a regular basis? Please list.**

	<b>Name</b>	<b>How Often</b>
<input type="checkbox"/> <b>CPA</b>	_____	_____
<input type="checkbox"/> <b>Attorney</b>	_____	_____
<input type="checkbox"/> <b>Banker</b>	_____	_____
<input type="checkbox"/> <b>Financial Advisor</b>	_____	_____

**7. Do you do your own accounting or do you use an accounting firm? Do own  Use accounting firm**

**8. Is your accounting on a computer? Yes  No**

**9. Mac or PC ? \_\_\_\_\_**

**10. What accounting software do you use? \_\_\_\_\_**

• Please provide user name \_\_\_\_\_

• Please provide password \_\_\_\_\_

**11. Number of active clients that you have? \_\_\_\_\_**

**12. List your pricing structure?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**13. What is the percentage of retail to services?**

\_\_\_\_\_ %

**14. What is your average mark up for retail products?**

\_\_\_\_\_ %

**15. Do you take credit cards? Yes  No**

**16. Do you use a product charge? Yes No**

**If yes, please explain:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**17. Do you use an ad agency? Yes  No**

**18. Please list the ways you marketed your salon last year?**

<b>Medium</b>	<b>Amount</b>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

**19. If you have booth rental, do you have signed leases?**

**Yes  No**

**20. Do you have a non-compete covenant? Yes  No**



## **Personal**

**1. Your annual salary + bonus or commission? \_\_\_\_\_**

**2. Please check the box below if you or your spouse have the following:**

• Simple IRA or SAR-SEP	<input type="checkbox"/>	<input type="checkbox"/>
• 401 (K) plan	<input type="checkbox"/>	<input type="checkbox"/>
• 403 (b) plan	<input type="checkbox"/>	<input type="checkbox"/>
• Flexible spending account: healthcare	<input type="checkbox"/>	<input type="checkbox"/>
• Flexible spending account: daycare	<input type="checkbox"/>	<input type="checkbox"/>
• Health Savings Account	<input type="checkbox"/>	<input type="checkbox"/>
• Unreimbursed employee business expenses	<input type="checkbox"/>	<input type="checkbox"/>

**Name** \_\_\_\_\_

**Salon Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**City, State Zip** \_\_\_\_\_

**Phone Number** \_\_\_\_\_

**Best way to reach you:** Email  Work Phone  Cell Phone

**Comments:**