

Business Valuation Questionnaire

I. YOUR INFORMATION

1. Your Name:

2. Address:

3. Physical Address:
(If Different than Above)

4. City:

5. State:

6. Zip code:

7. Business Phone:

8. Mobile (Phone2):

9. Fax #:

10. E-mail:

II. YOUR ADVISOR

1. Attorney Name:

2. Attorney Phone:

3. CPA's Name:

4. CPA's Phone:

5. Referred By:

III. SUBJECT TO BE VALUED

1. Name of the Subject to be Valued:

2. Type of Legal Entity:

- C Corporation
 S Corporation
 LLC
 Partnership
 Proprietorship
 Other

3. Business Address:

4. City:

5. State:

6. Zip Code:

7. Business Phone:

8. Business Fax:

9. E-mail:

10. Website:

11. Person at Business who we will work with:

12. Brief Description of the Business:

13. Business Accounting Firm:

14. Business Accountant:

15. Entity Primary Attorney:

16. Entity Primary Banker:

IV. INFORMATION ABOUT THE ASSIGNMENT

1. What is the purpose of the assignment?

Divorce Merger Estate Tax Other

2. What part of the entity will be valued?

All Less Than 100% but more than 50% Less Than 50%

3. Valuation Date :

4. Proposal Deadline:

5. Definition of Value: Fair Market Value Firm Value Liquidation Intrinsic Value

Don't Know Other

6. Difficulties that might occur on the assignment:

7. How will the results of our work be communicated? Oral Report Written Report

8. Distribution of the Report: Internal Use Third Party

V. Facts Available

1. Entity SIC/NALCS Code:

OR Don't Know

2. Entity Organized in:

3. Federal ID #

OR Don't Know

4. If Corporation, Number of shares authorized:

OR Don't Know

5. If Corporation, Number of shares Issued:

OR Don't Know

6. If Corporation, Number of Shares Treasury stock:

OR Don't Know

7. If Corporation, is there more than one class of Stock? Yes No Don't Know

8. If Corporation, are there non voting shares? Yes No Don't Know

VI. Questions

1. Who is familiar with the history of the company? OR Don't Know
2. Does the entity have more than one location? Yes No Don't Know
3. Who is familiar with the product and service of the company? OR Don't Know
4. Does the entity have few big customers or many small customers? Few Big Customers Many Small Customers
5. What industry does the company operate?
6. Is the industry in Growth or Decline? Growth Decline Steady
7. Does the industry have many providers or just a few? Many Few Don't Know
8. Are industries merging or acquiring one another? Yes No
9. What Type of employees does the company have?
(Please enter number of employees in the box for selected types)
 - Full Time Employee
 - Part Time Employee
 - Temporary
 - Contracted
10. Are employees covered by a collective bargaining agreement? Yes No
11. Are there key employees? Yes No
12. Does the company have contingent liability? Co-Signed Notes Warranties Guarantees Not Sure
13. Has anyone offered to buy the company? Yes No If yes, When
14. Was the Prospective buyer a related person? Yes No
15. Do the Managers, Officers or Owners of the company get perks? Bonus Health Insurance Life Insurance
 Pension 401(k) Not Sure Other
16. Are Sales Tax Returns Available for review? Yes No
17. Are payroll tax returns available for review? Yes No
18. Do You have last five or more years of tax returns? Yes No
19. Do You have last five or more years of year end Financial Statements? Yes No
20. Do You have monthly Financial Statements? Yes No