

## 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