



1 Basic information

Business name	
Industry name or code	
Zip code	

2 Company profile

Contact person's first name	Contact person's last name	
_____	_____	
E-mail address		

Address 1		

Address 2		

City	State	Zip code
_____	_____	_____
Phone number	No. of employees	
_____	_____	
Type of ownership	Tax form	Year of inception
_____	_____	_____

Reason for valuation

- | | | |
|-----------------------------|--------------------------------|---------------------------|
| Seeking equity financing | Seeking debt financing | Estate planning |
| Looking to sell my business | Looking to buy a business | Insurance & risk planning |
| Accounting preparation | 409-A valuation pre-assessment | Strategic Planning |

Valuation Fact Finder

3 Income & Expenses

	2017 (projected)	2016	2015
Revenue			
Pretax income			
Officer compensation			
Interest expenses			
Non cash expenses			
One-time/non-operating expenses/losses			
One-time/non-operating revenues/gains			

4 Assets

Balance sheet data will be compared to industry benchmarks and the valuation will be adjusted accordingly.

	2017 (projected)	2016	2015
Cash			
Accounts receivable			
Inventory			
Other current assets			
Fixed assets			
Intangible assets			

Valuation Fact Finder

5 Liabilities

	2017 (projected)	2016	2015
Accounts payable			
Other short-term liabilities			
Bank loans			
Other long-term liabilities			
Contingent liabilities			

6 Growth

Please provide us with your estimate in **percentage** format.

Projected revenue growth
(annualized growth rate)

Long term EBITDA margin

Percent of business recurring

Do you have intellectual property, including trade secrets or patents?

Yes

No

7 Operations

Percentage of sales from top three customers?

Projected profit and revenue impact if owner
exited business.

Does your current life or key person insurance coverage and risk
management program cover the business valuation quotation above?

Yes

No

Do you rent or own?

Rent

Own

Valuation Fact Finder

If you **OWN** instead of rent, please complete this section.

What is the Fair Market Value of Your Property?	
What is the remaining mortgage on the property?	
What is the square footage?	
Is the property owned by this entity? if yes, what would the true market level monthly rent be?	
Is the property owned by a 2nd entity with common ownership? if yes, What is the current monthly rent paid to the 2nd entity?	
What would the true market level monthly rent be?	

If you **RENT** instead of own, please complete this section

Is rent paid to an independent 3rd party? if yes, what is your monthly rent? What is the square footage?	
Is rent paid to an entity that you own or are affiliated with? if yes, What is the current monthly rent you are paying? What would the true market level monthly rent be? What is the square footage?	



What's next?

Once we receive your completed form, we will schedule time to discuss your business valuation and its implications with you.