



PROFESSIONAL PRACTICE VALUATION QUESTIONNAIRE
Data Collection Sheet

Name: _____
 Practice Name: _____ Type of Practice _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Email: _____ Fax: _____

If you would like your company logo on the title page, Attach a "jpg" logo file to an Email and send to: ppv@thetascongroup.com with your contact information.

Type of Business Entity: Sole Proprietor Partnership LLP LLC C Corp S Corp
 Are the tax forms on a: Calendar year? Yes No
 Fiscal year? Yes No Date Ending: _____

In Business Since: _____

Is there any deferred maintenance needed in the practice? Yes No
 If "Yes", what is estimated amount to bring up to standard? \$ _____

Is there any outdated furniture and/or equipment in the practice? Yes No
 If "Yes", what is estimated amount to bring up to standard? \$ _____

Estimated Fair Market Values of Assets Used as loan Collateral

Auto/Trucks: \$ _____ Machinery/Equipment: \$ _____
 Office Furniture/Fixtures: \$ _____ Real Estate* \$ _____

*Enter only if real estate is listed as an asset of the company and sold as an asset of the practice.

Income Statement Data

Attach to this questionnaire:

1. The company's most current tax form and attached expense schedules. Attached
 - a. If sole-proprietor, **do not** include your personal tax form.
 - i. Only attach schedule "C" and related expense schedule documentation.

Income Statement Details:

1. Breakout the owner's salary from other office salaries and list:
2. Owner Salary: \$ _____ Employees' Salaries: \$ _____
 Total bonuses (if any): \$ _____
 a. Owner(s): \$ _____ Employees: \$ _____
3. NOTE: Where legally possible, taxes are purposely prepared to minimize taxes.
 - a. From time to time there are extra-ordinary expenses that are "one-time expenses" that must be considered for an accurate valuation. Part of the evaluation process is to normalize or recast these extra-ordinary and optional expense items to get a more accurate representation of the practice's true cash flow. Also, one of the advantages of a small business are the "perks" of expensing optional and allowed expense items to minimize profits. Examples are:
 - i. Legal fees from extra-ordinary legal actions like lawsuits.
 - ii. Accounting fees from audits, etc.
 - iii. Paying a spouse an above or below average salary for the position hired.
 - iv. Repairs/maintenance: Was there any extra-ordinary remodeling listed under "repairs" that was expensed in the year and not amortized?

**PROFESSIONAL PRACTICE VALUATION QUESTIONNAIRE
Data Collection Sheet**

- v. If the office real estate is personally owned, paying an above market rent to yourself.
- b. Did you close your practice the year to be valued due to the Convid-19 virus:
 - 1. Yes If yes, # of days closed: _____ No
- c. Are there any extra-ordinary or unusual increases or decreases from the prior year to any line-item for the valuation year? List your answers to the following in the table below.

Income Statement Line Item	\$ (+ or -) Adjustment	Comments
a. Lawsuits, extra-ordinary fees?		
b. Accounting fees, audits?		
c. Spouse wages/salary?		
d. Repairs & maintenance, remodeling?		
e. Rent?:		
f. Other?:		
g.		
h.		
i.		

**When completed return the form and attachments to:
Email to: ppv@thetascongroup.com or
Fax this form to: 608.831.6299 or
Send to: The TASCON Group Professional Practice Valuation Team
6326 Stonefield Rd.
Middleton, WI 53562**

Note: In preparing this evaluation the evaluator will rely upon the representations made to us in this questionnaire and from the owners and/or management of the subject practice as well as certain information that the evaluator has compiled from sources believed to be reliable.

Payment Information: (Must be paid in full for work to begin.)

I have already paid at the www.tasconpracticevaluations.com/order website. Yes No
If yes, name/practice under which the order was placed: _____

Grand Total: _____ Check One: Check Visa Master Card Discover
TASCON's Valuation Bundle is a sales tax free professional service.

Credit Card: _____ Exp. Date: _____ CVV#: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Name on Card: _____ Signature: _____