



# 2020 Group USA

## Merger & Acquisition Questionnaire

Please complete this questionnaire by providing as much information about your firm as possible. This information provided is for the exclusive and confidential use of 2020 Group USA. Both buyers and sellers are required to complete this form.

**FIRM BASICS:**

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Firm Name: \_\_\_\_\_

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Address: \_\_\_\_\_

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State \_\_\_\_\_ Zip \_\_\_\_\_

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Contact Name: \_\_\_\_\_ Position: \_\_\_\_\_

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Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

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Email: \_\_\_\_\_

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Additional Office Locations (Cities) \_\_\_\_\_

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<b>PERSONNEL</b>	<b>SERVICES PROVIDED</b>	<b>% of REV</b>
_____ # Partners/ Owners _____	_____ Audit _____	_____ <input type="checkbox"/> _____
_____ # Professional Staff _____	_____ Compilation & Review _____	_____ <input type="checkbox"/> _____
_____ # Other Staff _____	_____ Client Accounting Services _____	_____ <input type="checkbox"/> _____
	_____ Tax Return Preparation _____	_____ <input type="checkbox"/> _____
	_____ Tax Consulting _____	_____ <input type="checkbox"/> _____
<b>FINANCIAL</b>	_____ Management Consulting _____	_____ <input type="checkbox"/> _____
_____ Approximate Annual Billings _____	_____ - Controller/CFO _____	_____ <input type="checkbox"/> _____
_____ \$ _____	_____ - IT Related _____	_____ <input type="checkbox"/> _____
	_____ - Other _____	_____ <input type="checkbox"/> _____
<b>ADDITIONAL COMMENTS</b>	_____ Wealth Management _____	_____ <input type="checkbox"/> _____
_____	_____ Industry Specialties _____	_____ <input type="checkbox"/> _____
_____	_____ - _____	_____ _____
_____	_____ - _____	_____ _____
_____	_____ Other Services _____	_____ <input type="checkbox"/> _____
_____	_____ - _____	_____ _____
_____	_____ - _____	_____ _____

