



BUSINESS BROKERAGE, INC.

Accounting & Tax Practice Brokers

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Request Appt With
Date
Time

REGISTERED: NOT ACTIVATED

CLIENT RESUME AS OF: DATE ADDED: TODAY: 03/26/25

PERSONAL INFORMATION

OFFICE TEL: EXT: LICENSES HELD:
MOBILE TEL: YEAR OF BIRTH:
HOME TEL: SPOUSE'S NAME:
FAX: WEBSITE:
EMAIL: AOC/NDA SIGNED: NO

EDUCATION (Provide Details Or Note N/A if Not Applicable)

UNDERGRAD SCHOOL: DEGREE: YR:
GRAD SCHOOL: DEGREE: YR:

EMPLOYMENT HISTORY (Provide Details at a minimum, for current Employment or Note N/A if Not Applicable)

PRESENT EMPLOYMENT: TITLE:
FORMER EMPLOYER: TITLE:
FORMER EMPLOYER: TITLE:
CERTIFIED BY & #: YEAR:

ABOUT YOUR PRESENT PRACTICE (Note N/A in Practice Size if don't currently own a practice).

PRACTICE SIZE: # OF PRINCIPALS: # OF STAFF:
POSITION WITH FIRM: %ACCTG: GL PROGRAM:
PARTNERS NAME: %TAX: TAX PROGRAM:
SERVICES PROVIDED: %MAS:
BILLING RATE: %AUDIT:

PRACTICE WANTED

SIZE PRAC. WANTED: AREA DESIRED:
MIX WANTED:

FINANCIAL POSITION AND FUTURE PLANS

NET WORTH: DOWN PAYMENT AVAILABLE:
5 YEAR GOAL:

COMMENTS, AFFILIATIONS, HOBBIES, INTERESTS

SIGNATURE: