

BUSINESS / BUSINESS OWNER  
**QUESTIONNAIRE**

CEO Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Basics**

- Business Name \_\_\_\_\_
- Primary business description  
\_\_\_\_\_
- Year business started \_\_\_\_\_
- Type of business entity \_\_\_\_\_
- What market do you serve? \_\_\_\_\_
- Is your business seasonal?     Yes     No
- Number of shareholders \_\_\_\_\_
- Number of employees \_\_\_\_\_
  - Admin \_\_\_\_\_
  - Sales \_\_\_\_\_
  - Operations \_\_\_\_\_
- How much is your weekly/biweekly payroll?  
\$ \_\_\_\_\_
- Do you have a business plan?     Yes     No
- Are you hitting your plan?     Yes     No
- Last 12 months sales    \$ \_\_\_\_\_
- Expected sales this year    \$ \_\_\_\_\_
- Accounts receivable    \$ \_\_\_\_\_
- Accounts payable    \$ \_\_\_\_\_
- Inventory    \$ \_\_\_\_\_  
as of \_\_\_\_\_
- Does your business have growth potential?     Yes     No

**Owner**

- Are you having fun in the business?  
 Yes     No
- Are you getting home by 6:00 every night?  
 Yes     No
- Are you sleeping through the night?  
 Yes     No
- Are you happy with how your business is performing?  
 Yes     No
- Are revenue and profitability up to your expectations?  
 Yes     No
- Is your business providing sufficient income for you and your family?  
 Yes     No
- \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Financial

- Is your business currently profitable?  
 Yes  No
- What accounting system do you use?  
\_\_\_\_\_
- Do you have an annual budget?  
 Yes  No
- Do you have cash flow surprises?  
 Yes  No
- Do you monitor cash flow?  
 Yes  No
- Does cash flow get tight at times?  
 Yes  No
- Do you track expenses?  
 Yes  No
- Do you have a regular CPA audit, review, or compilation?  
 Yes  No
- Do you have confidence in your financial statement accuracy?  
 Yes  No
- How many days are usually needed to close the prior month?  
\_\_\_\_\_

## Team

- How would you rate the quality of your team?  
 Awesome  
 Commendable  
 Satisfactory  
 Needs Improvement
- On a scale of 1-10, how is your team's morale and your overall culture? (1 is the lowest rating and 10 is the highest)  
  
            
1 2 3 4 5 6 7 8 9 10
- Do you regularly review financial statements with your team?  
 Yes  No

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## Additional Notes: