



PRACTICE PROFILE

FIRM INFORMATION

Firm Name _____

Contact Person _____

Address _____

City _____ State _____ ZIP Code _____

Phone _____ Fax _____

Email _____

CORE DISCIPLINES

Percent of Gross Billings

Accounting _____ Financial Planning _____ Consulting _____

Attest _____ Other _____

Total Gross Billings _____

CLIENT DEMOGRAPHICS

Percent of Client Base

AGES	HOUSEHOLD INCOME	NET WORTH
20-40 _____	\$100,000 and below _____	\$0-\$500K _____
41-60 _____	\$100,000-\$250,000 _____	\$500K-\$1 Million _____
61 and Above _____	\$250,000 and above _____	\$1 Million and Above _____

OCCUPATIONS

Professionals _____ Bus. Owners/Self-Employed _____ Trades/Industry/Other _____

Executive/Managers _____ Non-Profit/Public Employees _____ Retirees _____

of Accountants _____ # of Business Clients _____ # of Individual Clients _____

Admin Support _____ OBAs _____ LLPs _____