



2010 Benchmarking Survey

**Deadline
May 31, 2010**

Your data will be treated confidentially by Profit Planning Group.
No one other than the staff of Profit Planning Group will have access to individual firm data. Data presented in reports will be aggregated in a way that prevents identification of any individual firm. All survey forms are destroyed after processing.

**Complete then fax to 303.444.9245 or mail to:
Profit Planning Group, 1790 38th Street, Suite 204, Boulder, CO 80301**

- **Report the most recently completed fiscal year. 12 months of data are required** but it may be unaudited.
- **Optionally, submit your income statement and balance sheet** instead of answering those questions.
- **It is better to provide an estimate than to leave a blank.** Send questions to surveys@profitplanninggroup.com.
- The **Performance Analysis Report (PAR)** will be sent confidentially to the following individual. The PAR compares your firm with other participants, presents a customized action plan for improving your firm's profitability, and includes instructions for accessing Profit Toolkit, an Excel spreadsheet for financial planning.

Name _____

Title _____

Firm _____

Address _____

City, State, ZIP _____

Telephone (_____) _____ FAX (_____) _____

Email Address _____

GET YOUR PAR TWO WEEKS EARLIER BY EMAIL!

Yes, send my report in an Adobe® Acrobat® PDF file to the email address above

Provide an email address above and add mail@profitplanninggroup.com to your address book and/or to your spam filter's white list.

1. Month fiscal year ends _____

2. Sales by **Product Category**

New Equipment

Pressure Washers (hot)..... _____ %

Pressure Washers (cold) _____

Aqueous Based Cabinet Washers _____

Other Product Sales

Rebuilt Equipment and Machinery _____

Waste Water Treatments Systems _____

Detergents..... _____

Service Labor

House Labor..... _____

Field Labor _____

Parts and Accessories

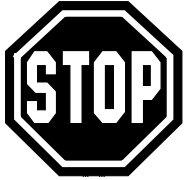
Over the Counter Sales _____

Service Parts _____

All Other Sales _____

Total Sales **100%**

3. Percent of sales made using cash, check or COD (enter zero if you do not have cash sales) _____ %
4. Net sales for the fiscal year **prior** to the one being reported here (to calculate sales growth) \$ _____
5. Number of active customers _____ #
6. Number of **Employees by Function** (Full-Time Equivalents)
 - Owners, Managers _____
 - Inside Service Technician _____
 - Outside Service Technician _____
 - Service Manager _____
 - Sales Manager _____
 - Inside Sales _____
 - Outside Sales _____
 - All Other Employees _____
 - Total Number of Employees** (FTE) _____
7. **Vehicles By Type**
 - Service _____ #
 - Sales _____
 - Management _____
8. Number of locations _____ #
9. Percent of sales from company website _____ %
10. Accounting system used (check **only** one)... BusinessWorks QuickBooks Peachtree PeopleSoft Other



At this point you have two options:

1. Complete the balance sheet and income statement questions.

OR

2. Attach your latest full-year balance sheet & income statement.

Detailed financials are required so Profit Planning Group can complete your survey.

Balance Sheet (end of fiscal year)

Assets

Cash and Marketable Securities \$ _____

Net Accounts Receivable (trade) _____

Inventory

Machinery (new and rebuilt) \$ _____

Parts _____

Detergents _____

All Other _____

Total Inventory \$ _____

Other Current Assets _____

Total Current Assets \$ _____

Total Fixed & Noncurrent Assets (net of depreciation) _____

Total Assets \$ _____

Liabilities and Net Worth

Accounts Payable (trade) \$ _____

Notes Payable (due within one year) _____

Other Current Liabilities (including accruals) _____

Total Current Liabilities \$ _____

Long Term Liabilities _____

Loans from Stockholders _____

Net Worth or Owner Equity (Capital Stock, Paid-in Surplus/Accumulated Earnings) _____

Total Liabilities and Net Worth \$ _____

Income Statement (12 months of data)

Net Sales (less returns & allowances)	\$ _____
Cost of Goods Sold (include freight-in, less purchase discounts & rebates)	\$ _____
Gross Profit (Net Sales - Total COGS)	\$ _____
Payroll Expenses	
Owners, Managers	\$ _____
Inside Service Technician	_____
Outside Service Technician	_____
Service Managers	_____
Sales Managers	_____
Inside Sales	_____
Outside Sales	_____
All Other Employees	_____
Total Salaries, Wages, Commissions & Bonuses	\$ _____
Payroll Taxes (FICA, workers' compensation & unemployment)	_____
Group Insurance (medical/hospitalization)	_____
Benefit Plans (include fringes, pension, profit sharing, etc.)	_____
Total Payroll Expenses	\$ _____
Occupancy Expenses	
Utilities (heat, light, power water)	\$ _____
Telephone	_____
Building Repairs and Maintenance	_____
Rent or Ownership in Real Estate (incl. rent, mortgage interest, bldg. depr., insurance, real estate taxes, etc.)	_____
Total Occupancy Expenses	\$ _____
Vehicle Expenses	
Fuel and Oil	\$ _____
Insurance	_____
Maintenance	_____
Depreciation	_____
Lease Costs	_____
Total Vehicle Expenses	\$ _____
Other Operating Expenses	
Advertising and Promotion	\$ _____
Insurance (business liability & casualty – exclude real estate or group)	_____
Depreciation (exclude building and vehicle)	_____
All Other Operating Expenses	_____
Total Other Operating Expenses	\$ _____
Total Operating Expenses	\$ _____
Operating Profit (Loss)	\$ _____
Other Income (cash discounts, interest income, etc., do NOT include rebates)	_____
Interest Expense (exclude mortgage interest)	_____
Other Non-Operating Expenses	_____
Profit Before Taxes	\$ _____
Income Taxes (local, state, federal)	_____
Net Profit after Taxes	\$ _____