



# TAX PREPARATION/BOOKKEEPING SERVICES

## SUPPLEMENTAL APPLICATION

Applicant:

1. Does the applicant employ or use Certified Public Accountants in the performance of services for clients? YES  NO

If YES, please provide details:

2. Does the applicant provide legal advice, render opinions or otherwise interpret tax laws or rulings or accounting rules, standards or principles? YES  NO

If YES, attach a description of such activity.

3. Does the applicant supervise or manage any investment or trust funds on behalf of clients? YES  NO

If YES, attach a description of such activity.

4. Attach a description of the training period provided or required of employees.

5. Indicate the percentage of estimated gross receipts derived from each of the following:

a. Tax Returns – Individuals  %

b. Tax Returns – Businesses  %

c. Bookkeeping – Individuals  %

d. Bookkeeping – Businesses  %

6. Does the applicant perform audits/reviews of compilations of business tax returns? YES  NO

It is understood and agreed that this supplemental application shall become a part of the application for Professional Liability Errors and Omissions Insurance.

Name of applicant:

Signature of person authorized to execute on behalf of the applicant:

Date:

**A copy of this application should be retained for your records.**