



United States Liability Insurance Group

Tax Preparation/Bookkeeping Services

APPLICATION

Applicant's Name: _____ Date: _____

1. Please provide a percentage breakdown of current 12 month Gross Receipts from the following areas of service. If the Applicant is newly established, please provide best estimates:

- a. Tax Returns - Individual _____%
- b. Tax Returns - Corporate _____%
- c. Bookkeeping - Individual _____%
- d. Bookkeeping - Corporate _____%
- e. Other _____%
- Total 100%**

2. Does the Applicant: (Provide details for any "Yes" answers below.)

| | Yes | No | %Receipts |
|---|--------------------------|--------------------------|-----------|
| a. Prepare audits? | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| b. Recommend, supervise or manage any investment or trust funds on behalf of clients? | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| c. Provide services for corporate clients who possess over \$1 million in assets? | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| d. Provide payroll processing services? (i.e. managing accounts, issuing checks, withholding taxes) | <input type="checkbox"/> | <input type="checkbox"/> | _____ |

3. Have any key personnel had their professional license revoked or been subject to disciplinary action? Yes No

THIS TAX PREPARER/BOOKKEEPER SUPPLEMENTAL APPLICATION IS ATTACHED TO AND FORMS PART OF THE PROFESSIONAL LIABILITY APPLICATION. THIS SUPPLEMENTAL APPLICATION IS SUBJECT TO THE SAME PROVISIONS CONCERNING REPRESENTATIONS MADE IN THE BASIC APPLICATION..

SIGNATURE

TITLE

DATE