



# 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       |              | _____       | % |
| <b>Total</b>   |              | <b>100%</b> |   |

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