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**Supplemental Application – Tax Preparers and Bookkeepers**

1. Name of applicant or insured: \_\_\_\_\_
2. Is the applicant a certified public accountant (CPA)?  Yes  No
  - a. Does the applicant employ any CPAs?  Yes  No
  - b. Is the applicant licensed to represent clients with the Internal Revenue Service (IRS)?  Yes  No
3. Please provide areas of practice by percentages, total must equal 100%:

AREA OF PRACTICE	%	AREA OF PRACTICE	%
Bookkeeping— individual	%	Individual tax	%
Bookkeeping— business/corporate	%	Reviews	%
Bookkeeping— payroll processing	%	Enrolled agent	%
Accounting software installation and/or consulting*	%	Compilations	%
Business tax	%	Consulting*	%
Estate tax	%	Other*	%
		Total	%

\*Please provide narrative, continue on separate sheet if necessary: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

4. Does the applicant provide any of the following services?
  - a. Prepare compilations, reviews, audits or financial statements?  Yes  No
  - b. Certify financial statements?  Yes  No
  - c. Provide any legal advice, opinions or law interpretation? Yes  No
  - d. Provide investment advice?  Yes  No
  - e. Prepare budgets?  Yes  No
  - f. Receive or disburse funds?  Yes  No
  - g. Have power of attorney for any clients?  Yes  No

SIGNATURE IN FULL: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

**ALL QUESTIONS MUST BE ANSWERED AND THE APPLICATION MUST BE SIGNED AND DATED**

Agency Name and Address: \_\_\_\_\_

Person Submitting Application: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_