



# Referral Service Application

Year: 10-11 (June 1, 2010-May 31, 2011)

Contact in Firm \_\_\_\_\_ TSCPA No. \_\_\_\_\_

Phone Number \_\_\_\_\_ E-mail \_\_\_\_\_

Firm Name \_\_\_\_\_ Size \_\_\_\_\_  
CPAs

Office Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_

Hours to be contacted: Daily Evening/Weekends Other

**Check the areas of expertise for your firm:** Also, list below any additional areas of experience or expertise or **types of business** you may have experience with and want considered.

- Auditing (including non-profit)
- Bankruptcy
- Bilingual: specify \_\_\_\_\_
- Bookkeeping-payroll, franchise & sales, tax returns (Form 1040)
- Computer Consultation
- Construction
- Corporate:
  - Sub Chapter S
  - Regular
  - Professional
  - Partnership – Joint Venture
- Divorce
- Elder Care
- Employee Benefits & Retirement:
  - IRAs, Insurance, etc.
- Entertainment/Arts employment
- Estate and Gift Planning
- Expatriate Income
- Farming and Ranching
- Financial Institutions
- Financial Planning
- Forensic
- Franchises
- Government Forms/Requirements:
  - Specify: \_\_\_\_\_
- Insurance- International Business/Taxation
- IRS Procedure and Practice
- Investment Planning
- Manufacturing
- Medical and Other Professional Services
  - Dental
- Multi-State Taxation Problems
- Non-Profit Organizations
- Oil and Gas
- Pro Bono/Reduced Fees
- Retail Trade
- Real Estate
- Residential
  - Commercial
- Self-Employed
- Service Industries: Hotel, Restaurant, etc.
- Small Business
- State and Local Taxation
- Trusts
- Transportation/Trucking
- Wholesale Trade

**Additional areas of Experience/Concentration in your practice:**

