



Referral Service Application

Contact in Firm: _____ Certificate No. _____

Phone Number: _____ E-mail: _____

Firm Name: _____ Size: _____ CPAs

Office Address: _____

City: _____ State: _____ Zip Code: _____

Hours to be contacted: Daily Evening Weekends Other: _____

Check the areas of expertise for your firm:

- Auditing (including non-profit)
- Bankruptcy
- Bilingual: Specify _____
- Bookkeeping
 - Accounts Payable/ Receivable
 - Payroll
 - Bank Reconciliation
 - Financial Statement Preparation
- Business Valuations
- Computer Consultation
 - QuickBooks
 - Sage Peachtree
 - Other: _____
- Construction
- Corporate
 - Sub Chapter S
 - Regular
 - Professional
 - Partnership/Joint Venture
- Divorce
- Elder Care
- Employee Benefits and Retirement: Insurance, IRAs, Etc.
- Enrolled Agent
- 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
 - Commercial
 - Residential
- Self- Employed
- Service Industries: Hotel, Restaurant, etc.
- Small Business
- Startup Business
- State and Local Taxation
- Tax Return Preparation
 - Business
 - Individual
 - Franchise and Sales Tax
- Trusts
- Transportation/Trucking
- Wholesale Trade

Additional Areas of Experience/Concentration in your practice:
