

\_\_\_\_\_  
Name of Applicant

**Provide the percentage of your firm's gross revenue from the last fiscal period attributable to the following:**

- Audit Engagements for Public Companies \_\_\_\_\_  
Percentage
- Audit Engagements for Private Companies \_\_\_\_\_  
Percentage
- Tax Return Preparation for Corporations and/or Individuals \_\_\_\_\_  
Percentage
- Tax and/or Estate Planning \_\_\_\_\_  
Percentage
- Trustee in Bankruptcy and/or Receivership \_\_\_\_\_  
Percentage
- Review Engagement and/or other Financial Statement Preparation \_\_\_\_\_  
Percentage
- Bookkeeping \_\_\_\_\_  
Percentage
- Management, Strategic Planning and/or Business Reorganization Consulting \_\_\_\_\_  
Percentage
- Computer Consulting\*\* \_\_\_\_\_  
Percentage
- Investment Consulting \_\_\_\_\_  
Percentage
- Merger and/or Acquisition Consulting \_\_\_\_\_  
Percentage
- Property and/or Asset Management for Others \_\_\_\_\_  
Percentage
- Direct Business Management for Others \_\_\_\_\_  
Percentage
- Other \_\_\_\_\_ \_\_\_\_\_  
Percentage  
Describe

**TOTAL should equal 100%**

**\*\* If you provide Computer Related Services provide percentage of revenue attributable to the following :**

- Hardware and/or Software Consulting \_\_\_\_\_  
Percentage
- Sale of Hardware and/or Software \_\_\_\_\_  
Percentage
- Programming Services \_\_\_\_\_  
Percentage
- Data Processing \_\_\_\_\_  
Percentage
- Other \_\_\_\_\_ \_\_\_\_\_  
Percentage  
Describe
- Total: \_\_\_\_\_  
Percentage

**Provide the total number of staff under each category below including Partners, Officers, Associates and other Employees:**

Certified Management Accountants (CMA)

Certified General Accountants (CGA)

Other Professional Staff  Describe

Bookkeepers

Other Non-Professional Staff

**Does your firm provide services for any clients in which a principal, partner, officer or employee of your firm is also a principal, partner, officer, employee or a more than 3% shareholder of said client?**  Yes  No

**If Yes Please provide:**

Client Name

Applicant's relationship with client

Approximate General Revenue generated from Client

**Were more than 50% of your total gross billings for any one year derived from a single client or contract?**  Yes  No

**If Yes Please provide:**

Client Name

Services Rendered

How long you expect this relationship to continue

**Do you provide professional services on projects in which you retain an ownership interest?**  Yes  No

If yes, please provide full details

Do you utilize the services of independent contractors or sub-consultants?

Yes  No

Approximate percentage of billing attributable to sub-contractors/consultants?

\_\_\_\_\_  
Percent

Are all sub-contractors and consultants required to show proof of General Liability and Professional Liability coverage's showing you as an additional insured?

Yes  No

\_\_\_\_\_  
If yes, what limits?

How long do you keep your customers information/documentation on file?

\_\_\_\_\_  
Years

\_\_\_\_\_  
Print Name and Title

\_\_\_\_\_  
Signature of Applicant or Authorized Representative

DATE: 

D	D	M	M	Y	Y
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