

ACCOUNTANTS & CONSULTANTS PROFESSIONAL LIABILITY Taxation Supplement

1. Provide percentage of income received from the following Taxation Services in the last year:

Activity	% of Tax Practice	Engagement Letter Used (Y/N)
1031 Exchanges		Yes <input type="checkbox"/> No <input type="checkbox"/>
Celebrity / Athlete Tax Services		Yes <input type="checkbox"/> No <input type="checkbox"/>
Corporate Tax Planning & Consulting		Yes <input type="checkbox"/> No <input type="checkbox"/>
Corporate Tax Returns		Yes <input type="checkbox"/> No <input type="checkbox"/>
ESOP Plan Tax Services		Yes <input type="checkbox"/> No <input type="checkbox"/>
Estate/Trust Tax Returns		Yes <input type="checkbox"/> No <input type="checkbox"/>
High Net Worth Tax Services		Yes <input type="checkbox"/> No <input type="checkbox"/>
Individual Tax Planning & Consulting		Yes <input type="checkbox"/> No <input type="checkbox"/>
Individual Tax Returns		Yes <input type="checkbox"/> No <input type="checkbox"/>
International Tax Planning & Consulting		Yes <input type="checkbox"/> No <input type="checkbox"/>
Partnership Tax Planning & Consulting		Yes <input type="checkbox"/> No <input type="checkbox"/>
Partnership Tax Returns		Yes <input type="checkbox"/> No <input type="checkbox"/>
Tax Shelters / Limited Partnerships		Yes <input type="checkbox"/> No <input type="checkbox"/>
Other Tax Services [1]		Yes <input type="checkbox"/> No <input type="checkbox"/>
TOTAL	100%	

[1] Describe: _____

Signature of Applicant: _____

Date: _____