



El Paso Texas Society of CPAs — Referral Service Application

Please enroll the CPA practice unit designated below in the **El Paso Chapter CPA Society Referral Service**. We are enclosing a copy of our current license and the annual registration fee of \$50.

Make checks payable to: El Paso Chapter TSCPA.

Firm Name _____

Firm Address _____

City, State, Zip _____

Phone _____ Fax _____

Web Site Address _____

E-mail _____

Indicate the top 6 services your firm provides and would like to see advertised on our website referral page. Please see optional selection items below.

Optional - Below is a sample listing of choices to help select your top 6 services:

ACCOUNTING:

- GL _____ General Ledger
- PR _____ Payroll
- AR _____ A/R & Billing
- IN _____ Inventory Control
- COMP _____ Compilation
- RE VW _____ Review
- ADIT _____ Audit (**specialty** _____)
- AUNP _____ Audit (**not for profit organizations**)

MANAGEMENT ADVISORY SERVICES:

- COIS _____ Computer/Information Systems

(Indicate software expertise)

- LITG _____ Litigation Support
- SBUZ _____ Small Business

TAX:

- IDTP _____ Individual Tax Preparation
- CRT P _____ Corporate Tax Preparation
- PTTP _____ Partnership Tax Preparation
- ETTP _____ Estate & Trust Tax Preparation
- INTL _____ International

TAX (Continued)

- BANK _____ Bankruptcy
- FRST _____ Franchise & Sales Tax
- MSTF _____ Multi-State Tax Filing(s)
- ELCT _____ Electronic Filing

INDUSTRY COMPETENCE:

- AGFR _____ Agriculture, Farm & Ranch
- CORE _____ Construction & Real Estate
- FINA _____ Financial Institutions
- FSRS _____ Food Service / Restaurants
- GOSC _____ Government / Schools
- HEAL _____ Health Care
- IMEX _____ Import / Export
- TRTR _____ Transportation / Trucking
- INEM _____ Insurance / Employee Benefits
- MANU _____ Manufacturing
- NPOR _____ Non-Profit Organizations
- OILG _____ Oil & Gas
- PROS _____ Professional Services
- REWO _____ Retail & Wholesale Outlets
- SASE _____ Sales & Services

OTHER SERVICES:

PFP	<input type="checkbox"/>	Personal Financial Planning	BUZV	<input type="checkbox"/>	Business Valuations
DIDI	<input type="checkbox"/>	Divorce-Settlement/Discovery	BUZS	<input type="checkbox"/>	Business Succession Planning
BBP	<input type="checkbox"/>	Budgets & Business Plans		<input type="checkbox"/>	Valuation Services
FRAN	<input type="checkbox"/>	Franchising			

List the name of a CPA in your office to be used as the contact person on the referral:

_____ Certificate Number _____

Geographical location of the office:

West El Paso East El Paso Central El Paso

Please list all owners of the practice unit:

Please initial each line below.

The undersigned firm representative, on behalf of the firm, hereby:

- A copy of my firm's current Texas license is enclosed.
- Certifies the firm is competent to handle matters that have been designated above.
- Certifies the firm is a member in public practice.
- Certifies all licensed CPAs in the practice unit are members of the El Paso Chapter TSCPA. (Please attach a list of all licensed CPAs)
- Acknowledges that the Referral Service is operated solely as a public service and that the El Paso Chapter TSCPA is not responsible for the actions of prospective clients.
- Waives any claim against the El Paso Chapter TSCPA arising directly or indirectly from the referral of prospective clients to the firm.

Signature

Date

Print Name

Title

Make Checks Payable to:

El Paso Chapter – TSCPA

Mail Referral Service Application and check to:

El Paso Chapter – TSCPA
P.O. Box 222173
El Paso, TX 79913