

CONSULTANT ORGANIZATIONAL INFORMATION - Telephone 410-545-8700 Fax 410-209-5006

**CONSULTANT/
SUBCONSULTANT:** _____
HOME OFFICE ADDRESS: _____

TELEPHONE: _____

CONTRACT#: _____
BRANCH OFFICE ADDRESS: _____

FAX: _____

1) Type of Organization: **FEDERAL I.D. #** _____
Sole Proprietorship _____ S - Corporation _____ LLC _____
Partnership _____ C - Corporation _____
If LLC and S or C - Corporation are both checked, check if your firm files taxes on Form 1120 or 8832: _____
ESOP _____ Percentage of ESOP owned by the S Corporation _____

2) Approved Subchapter "S" Waiver: Yes ____ No ____
If yes, Agency that issued the Subchapter "S" Waiver: _____
Date Waiver was Issued: _____ Waiver Expiration Date (if applicable): _____

3) Date Founded, Date of Registration and State of Registration or Incorporation:

4) Areas of Specialization or Nature of Business:

5) Approximate Number of Employees:

6) Principals, Partners or Officers (List Job Titles), If Subchapter "S" Corporation, List Shareholders and clearly identify the individuals with an approved Subchapter "S" Corporation Waiver:

7) Financial Contact Person and Telephone Number:

8) Independent CPA overhead Audit is being Submitted for Fiscal Year _____, Ending (Date): _____

9) Direct Non-Salary Expenses May be Proposed Only if a Consultant Consistently Charges all Clients Directly for These Expenses and Excludes all Such Costs From Overhead. Is Your Firm in Compliance With This Requirement for Each Proposed Direct Non-Salary Expense Items?

YES _____ No _____ (if "NO", please explain) N/A _____ (None Proposed)

10) If Local Travel Expenses are being Proposed, Does This Include Company Vehicles, Employee Vehicles, or Both? (The contract will stipulate reimbursement for only the type listed)

11) If Printing Costs are being Proposed, Does this Include Internal Printing Costs, External Printing Costs, or Both? (The contract will stipulate reimbursement for only the type listed)

12) If Equipment is being proposed, Is Company-owned Equipment included in Overhead?
(If yes, your firm cannot invoice for equipment charges on company-owned equipment)

Prepared & Certified by: _____
A Firm Representative Printed Name Signed Name Date