

All your money matters™

Franchise Application

www.booksmartstax.com

COMPLETE APPLICATION

AND SEND VIA:

MAIL:

600 Commonwealth Place

Cranberry Twp., PA 16006

FAX: (724) 799-2023

APPLICANT

PART A

PERSONAL/INTERESTS

Last Name First Name Middle Initial Date

Home Phone Business Phone

Fax E-mail Address

Social Security Number Date of Birth

Home Address

City State Zip Code

Present Business or Employment (Give last 5 years)

1. _____

2. _____

3. _____

Have you filed for bankruptcy or debt reorganization?

In the past 7 years, have you been charged or convicted of a felony?

Do you have prior two-year tax returns for review?

Prior tax and accounting service experience? Yes No
If yes, please explain:

My involvement in the BookSmarts Franchise would be:

Full-time (Owner/operator)

Part-time (with other interests)

Investment Only

PART B

FINANCIAL

Current Sources of Income	Salaries \$ _____
	Dividend(s) \$ _____
	Bonus/Commissions \$ _____
	Real Estate Income \$ _____
	Other Income \$ _____
	Total Income \$ _____

ASSETS

\$ _____
Cash in Bank Accounts

\$ _____
Real Estate (home) Present Value

\$ _____
Other Real Estate Present Value

\$ _____
Money Market Funds

\$ _____
Marketable Securities (present value)

\$ _____
Certificate of Deposit

\$ _____
Value of your Current Business

\$ _____
Money Due to You

\$ _____
Other Assets

\$ _____
Total Assets

LIABILITIES

\$ _____
Notes

\$ _____
Mortgage Balance

\$ _____
Other

\$ _____
Other

Prior to approval, personal financial statements and tax returns with W-2 forms for the previous two years must be required.

\$ _____
Total Liabilities

BANK REFERENCES

Contact Name Bank Name/City

Account Number Phone Number

Contact Name Bank Name/City

Account Number Phone Number

PROFESSIONAL REFERENCES

Contact Name Phone Number

Contact Name Phone Number

