



Information Technology Supplemental Application

1. Provide gross annual revenues on an accrual basis earned by the firm from providing Information Technology related services.

Current Fiscal Year (Est.)	Last Fiscal Year	Prior Fiscal Year

Was this revenue included in the revenues reported on the application?

Yes No

2. From the amount above for the prior fiscal year, provide for each area of practice:

Services (check all that apply)	% of Revenues
<input type="checkbox"/> Data Processing and Entry	
<input type="checkbox"/> Recommending, selling and/or training clients on computer software/hardware	
<input type="checkbox"/> Development or design of computer software for mass distribution	
<input type="checkbox"/> Installation computer software or hardware	
Monitor and maintaining client systems <input type="checkbox"/> System security <input type="checkbox"/> System testing <input type="checkbox"/> Firewalls <input type="checkbox"/> Diagnostic Services	
<input type="checkbox"/> Network design and installation	
Customization of software/ hardware for a single client <input type="checkbox"/> Modify existing software <input type="checkbox"/> Modify existing hardware <input type="checkbox"/> Create new software <input type="checkbox"/> Create new hardware	
Hosting web sites or webpage development <input type="checkbox"/> Webpage development <input type="checkbox"/> Electronic Bulletin Board Service <input type="checkbox"/> Webpage maintenance <input type="checkbox"/> File Transfer Protocol Site <input type="checkbox"/> Webpage content provider <input type="checkbox"/> Forum Manager <input type="checkbox"/> Internet Access Provider <input type="checkbox"/> File Storage or back up services	
<input type="checkbox"/> Other – Please describe	
<i>Total should equal 100%</i>	

3. Who is responsible for overseeing Information Technology services?

Attach resumes of all professionals providing technology services, marketing materials used to promote these services and sample engagement letters.

The applicant understands the information submitted herein becomes a part of the applicant's application and is subject to the same representations and conditions.

Signature of Authorized Representative of the Firm

Date

Print Name

Title (must be signed by managing partner or managing executive of the Firm)

Attest _____

Producer / Agent _____

License Number _____

Address _____
