

**MASEA SOS Program
Contact and Information List
For Calendar Year 2019**

NAME:

BUSINESS NAME (IF DIFFERENT):

BUSINESS LOCATION:

RESPONSIBLE FAMILY MEMBER:

NAME:

ADDRESS:

CITY, STATE, ZIP:

PHONE NUMBERS:

RESPONSIBLE STAFF MEMBER OR COLLEAGUE:

NAME:

ADDRESS:

CITY, STATE, ZIP:

PHONE NUMBERS:

TAX PREPARATION INFORMATION:

TYPES OF RETURNS PREPARED _____

TAX SOFTWARE USED _____

TAX SOFTWARE USED IN PAST 3 YEARS _____

I WOULD LIKE:

ALL MASEA MEMBERS TO HELP ME: _____

ONLY ENROLLED AGENTS TO HELP ME: _____

MY AREAS OF EXPERTISE ARE (TO BEST MATCH MY SKILLS WITH WHAT IS NEEDED):

(SIGNATURE)

(DATE)