

PRACTICE ADDRESS

Name of practice	<input type="text"/>		
Address	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>	Postcode	<input type="text"/>
Contact name	<input type="text"/>		
Position held	<input type="text"/>		
Tel number	<input type="text"/>	Fax number	<input type="text"/>
Email	<input type="text"/>		
Website	<input type="text"/>		

PRACTICE DETAILS

Number of partners	<input type="text"/>		
Number of staff	<input type="text"/>		
Number of offices	<input type="text"/>		
Number of years established	<input type="text"/>		
Professional Institute	<input type="text"/>		
FSA Authorised	<input type="text" value="YES / NO"/>	Authorisation number	<input type="text"/>
DPB Licensed	<input type="text" value="YES / NO"/>	Licence number	<input type="text"/>
Non Regulated	<input type="text" value="YES / NO"/>		

CLIENT DETAILS

Business	Number	Private Clients	Number
Limited Companies Turnover £5m plus	<input type="text"/>	Directors/Partners	<input type="text"/>
Limited Companies Turnover £2m - £5m	<input type="text"/>	Personal Tax only	<input type="text"/>
Limited Companies Turnover up to £2m	<input type="text"/>		
Partnerships	<input type="text"/>		
Sole Traders	<input type="text"/>		
Does your practice specialise in any particular client trade/type?			
If yes, please advise:			
<input type="text"/>			

Current Fee Protection providers (if applicable)	<input type="text"/>		
Renewal date	<input type="text"/>	Type of scheme	<input type="text"/>
Current Professional Indemnity Providers and renewal date			
Providers	<input type="text"/>	Renewal date	<input type="text"/>

Practice Profile

Enq Ref:

Office Ref: Rob Griffiths / WEB

Date Sent:

CHARGE OUT RATES

Please provide Practice Hourly charge out rates, which will apply for the next twelve months

Partner	<input type="text"/>
Manager	<input type="text"/>
Senior	<input type="text"/>
Assistant	<input type="text"/>
External Tax Specialists	<input type="text"/>

PRACTICE HISTORY

Last three years' Investigations

	Number	Total Fees
Income Tax Full Enquiries	<input type="text"/>	<input type="text"/>
Income Tax Aspect Enquiries <small>Where costs have exceeded £250.00</small>	<input type="text"/>	<input type="text"/>
Corporation Tax Full Enquiries	<input type="text"/>	<input type="text"/>
Corporation Tax Aspect Enquiries <small>Where costs have exceeded £250.00</small>	<input type="text"/>	<input type="text"/>
VAT Disputes	<input type="text"/>	<input type="text"/>
PAYE and NIC Disputes	<input type="text"/>	<input type="text"/>
Special Compliance Office cases	<input type="text"/>	<input type="text"/>

Please indicate what on average your practice would expect to charge for dealing with a Full Enquiry into a typical client with a turnover of up to £2m.

YOUR DETAILS

Name (please print)	<input type="text"/>
Position held	<input type="text"/>
Signature	<input type="text"/>
Date	<input type="text"/>

COMPLETION OF THIS FORM PLACES YOU UNDER NO OBLIGATION

If you require any assistance completing this form, please call PFP on 0845 307 1177

Please return in the reply paid envelope provided or by Fax 0845 307 1166

The information can also be supplied by telephone on 0845 307 1177 if you prefer.

The information contained in this proposal will be treated in the strictest confidence and will not be disclosed to any third party.

Professional Fee Protection Limited is authorised and regulated by the Financial Services Authority.

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pfp 
Professional Fee Protection
insuring against tax investigations