

**TAX PREPARERS
SUPPLEMENTAL CLAIM / ERROR REPORTING FORM**

1. Full name of individual(s) or firm involved in the claim: _____

2. Current policy number: _____

3. Full name of claimant: _____

4. Indicate whether: Claim/suit Incident

5. Date of alleged error: _____ Date of claim: _____

6. Additional defendants: _____

7. If closed, total loss paid, including deductible: _____

Indicate whether: Court judgment Out of court settlement

8. Type of damages demanded or paid:
 Taxes Penalties Punitive Other Compensatory
\$ _____ \$ _____ \$ _____ \$ _____

9. Description of claim (provide enough information to allow evaluation). DO NOT ATTACH COPIES OF SUIT PAPERS.

a.) Alleged act, error or omission upon which claimant based claim: _____

b.) Description of events: _____

c.) Description of the type and extent of injury or damage allegedly sustained: _____

10. Category of loss or error (complete a, b or c):

a.) Tax

(1) Type of loss:

- Federal income
- Foreign income
- State income
- City income
- Social Security
- Federal unemployment
- State unemployment
- Other (attach explanation)

(2) Type of error:

- Mathematical error
- Unsubstantiated deduction
- Failure to take deduction
- Misinterpretation of tax law
- Inaccurate or misunderstood data from client
- Failure to timely file
- Other (attach explanation)

b.) Bookkeeping

- Mathematical error
- Inaccurate or misunderstood data from client
- Entry in wrong category
- Other (attach explanation)

c.) Notary public

- Given false identification
- Other (attach explanation)
- Error in certification procedure

PRINCIPAL'S SIGNATURE _____ DATE _____

PRINT OR TYPE NAME _____
TITLE _____