



“Find A CPA” / Business Directory Enrollment Terms

www.hscpa.org

To register for the HSCPA “Find A CPA” / Business Directory, HSCPA members’ firms/businesses must meet the following requirements and agree to the terms below. Participation in the on-line CPA referral service is available for a fee of \$25 per year (per member/office/location listed). The Business Directory requires payment with a completed enrollment form.

Enrollment Form

- listed office/location of participating firm/business must employ an HSCPA member
- primary contact of participating firm/business must be a CPA and a member in good standing with the Hawaii Society of CPAs

Firm/Business

- must be in good standing with the Hawaii Board of Public Accountancy and/or with the appropriate regulatory authorities
- pay the annual fee each year with no discounted rates for partial year (program year runs January 1 through December 31)
- will have the opportunity to re-enroll or opt out of the program by December 31 of each year
- is responsible for submitting updates/corrections to the posted information in writing (via-email) to the Hawaii Society of CPAs at info@hscpa.org or fax (808) 537-3520
- may cancel its paid listing at any time, submitted in writing, but the enrollment fee will not be reimbursed or reduced

Member URL Link (Free to Members in Industry)

One free URL link is available to Members in Industry (private sector) which will be listed in the Links and Info section of the HSCPA web site. This form must be signed, dated and submitted to the HSCPA office.

Member Name _____ Firm _____ Website _____

Agreement

The HSCPA cannot guarantee the number of visits on any page within its web site or the number of contacts by potential clients visiting the site. Firm/business understands that the HSCPA offers this service as an intermediary between the general public and the HSCPA members, and assumes no liability for accountant-client engagements.

Signature _____ Date _____

Firm Information

Contact person for referrals _____ Firm name _____

Address _____ City/State/Zip _____

Contact e-mail address _____ Contact telephone _____

Payment Information

Enrollment Fee (annual) **\$25.00 (per Member)** Total \$ _____

Check VISA MasterCard Card No. _____ Exp. date _____

Print name on card _____ Signature _____



"FIND A CPA" BUSINESS DIRECTORY

Expand your client base and join the HSCPA Business Directory – www.hscpa.org/find_a_cpa/directory.php
Annual Fee: \$25/per member listing

HSCPA Member Name _____ Firm _____

Address _____ City/State/Zip _____

Tel _____ Fax _____ E-mail _____ Website URL _____

Firm Type: Sole Practitioner Local National Business & Industry AICPA Member

Please indicate any and all areas in which you or members of your firm have experience and are qualified to provide services:

SERVICES (LIMIT: 20)

Accounting & Auditing

- Auditing
- Auditing / Government
- Auditing / Not-For-Profits
- Compilation &/or Review
- Bookkeeping Service
- Small Business
- Peer Review

Taxation

- Corporations
- S Corporations
- Estate, Trust & Gift
- Individual
- International
- Partnership
- Self-Employed / Sole Proprietor
- Tax Exempt Organizations

Financial Planning

- Business Financial Planning
- Certified PFP / PFS
- Estate Planning
- Family Wealth Planning
- Investment Planning
- Registered Investment Advisor
- Retirement Planning
- Tax Planning

Management Advisory Services

- Budget & Contracting
- Business Development/Management
- Business Valuations
- Certified ABV or Fraud Examiner
- Computers / Software Selection
- Mediation
- Set-up of Accounting Systems

Other Services

- Bankruptcy
- Divorce
- Financing Alternatives / Investments
- Forensic Accounting / Fraud Exam
- Government Contracting
- IRS Representation
- Liquidations
- Litigation Support
- Mergers / Acquisitions
- Payroll
- Other Services (specify):

Foreign Language(s) Spoken:

- | | |
|------------------------------------|-----------------------------------|
| <input type="checkbox"/> Cantonese | <input type="checkbox"/> Mandarin |
| <input type="checkbox"/> Ilocano | <input type="checkbox"/> Tagalog |
| <input type="checkbox"/> Korean | <input type="checkbox"/> Japanese |
| <input type="checkbox"/> Samoan | <input type="checkbox"/> Spanish |

Other Professional Designation(s):

Industries (LIMIT: 15)

Specialized Industry

- Agricultural
- Automobile Dealers
- Captive Insurance Management
- Condominium Associations
- Construction
- Consulting Firms
- Data Processing
- Day Care / Child Care
- Doctor & Dental Practices
- Entertainment
- Financial Institutions
- Food Service / Restaurants
- Franchises
- Government - Federal / State
- Hospitality
- Hospitals & Nursing Homes
- Import / Export
- Insurance Agents / Companies
- In-Home Healthcare/Nursing Service
- Legal
- Manufacturing
- Medical / Medicare
- Ministry / Churches
- Non-Profit Organizations
- Real Estate / Real Property Taxes
- Real Property Exchanges (1031)
- Retail Trade
- Small or Closely-Held Business
- Television / Entertainment
- Transportation
- Travel Agents / Agencies
- Utilities

By signature below, I understand that the HSCPA offers this service as an intermediary between the general public and the HSCPA members, and assumes no liability for accountant-client engagements.

Signed _____ Title _____ Date _____