

ADDENDUM A

LEAD REFERRAL FORM

Please complete and return to [mlee@operation-oasis.org](mailto:mlee@operation-oasis.org) or fax to 214.437.3139

Please register the following as a prospect for tax credit and expense recovery services to be provided by TaxBreak.

Name of Business \_\_\_\_\_

Contact \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_ Website \_\_\_\_\_

Industry \_\_\_\_\_

Tax Liability: Paying Taxes \_\_\_\_\_, AMT \_\_, NOL\_\_ (If no NOL, do you expect to become profitable this year?)

Corporate Tax Liability: Current Year \_\_\_\_\_, Previous Year \_\_, Next Year (estimate) \_\_\_\_

Profitability: For \_\_\_\_\_, Non profit \_\_\_\_\_

Number of locations \_\_\_\_\_ Total number of employees \_\_\_\_\_

Systems currently using \_\_\_\_\_

Profile of Opportunity \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Referral Partner/Partner Sales Rep \_\_\_\_\_

**FOR TAXBREAK USE ONLY:**

Referral Accepted Yes \_\_\_\_\_ No \_\_\_\_\_

TaxBreak Individual responsible for Follow Up \_\_\_\_\_

TaxBreak

By: \_\_\_\_\_ Date \_\_\_\_\_

Its: Director of Channel Development