

2014 Connecticut CPA Firm Permit to Practice Renewal Form

For Board Office use only!
Check No. _____
Transaction Date _____
Amount Received _____
CC # _____

Complete and return both pages of this form **no later than December 31, 2013**
(2013 permit expires 12/31/2013).

Firm Name and Address:

Permit Number: _____

1. DETERMINE WHETHER THE FIRM WILL BE RENEWING, CHECK THE APPROPRIATE BLOCK.

FIRM STATUS:

- Renew the above named firm, no changes in name or form of practice.
- Terminate the firm permit to practice; I/we choose not to renew this firm permit to practice.

2. IF YOU ARE RENEWING, DETERMINE WHETHER THE FIRM IS REQUIRED TO PAY THE RENEWAL FEE, AND CHECK THE APPROPRIATE BLOCK.

FEE: IF MORE THAN ONE PERSON in the Firm holds a CPA Certificate, a \$150.00 fee must be paid. *(Even if only one has a license)*

- The above named firm is comprised of **more than one person** who holds a CPA Certificate, **\$150.00** renewal fee is enclosed.
- The above named firm is comprised of **one person** who holds a CPA Certificate, **no fee is required.**

3. PROVIDE THE OTHER JURISDICTIONS IN WHICH THE FIRM IS PRACTICING PUBLIC ACCOUNTANCY, CHECK ALL THAT APPLY. (Permit holders are required to notify the Connecticut State Board of Accountancy, in writing, within thirty days after its occurrence, any issuance, denial, revocation or suspension of a license by another state.)

- | | | | | | | | |
|---------------------------------------|-----------------------------------|--------------------------------------|--|--|---------------------------------------|---|---|
| <input type="checkbox"/> Alabama | <input type="checkbox"/> Alaska | <input type="checkbox"/> Arizona | <input type="checkbox"/> Arkansas | <input type="checkbox"/> California | <input type="checkbox"/> Colorado | <input type="checkbox"/> Delaware | <input type="checkbox"/> Florida |
| <input type="checkbox"/> Georgia | <input type="checkbox"/> Hawaii | <input type="checkbox"/> Idaho | <input type="checkbox"/> Illinois | <input type="checkbox"/> Indiana | <input type="checkbox"/> Iowa | <input type="checkbox"/> Kansas | <input type="checkbox"/> Kentucky |
| <input type="checkbox"/> Louisiana | <input type="checkbox"/> Maine | <input type="checkbox"/> Maryland | <input type="checkbox"/> Massachusetts | <input type="checkbox"/> Michigan | <input type="checkbox"/> Minnesota | <input type="checkbox"/> Mississippi | <input type="checkbox"/> Missouri |
| <input type="checkbox"/> Montana | <input type="checkbox"/> Nebraska | <input type="checkbox"/> Nevada | <input type="checkbox"/> New Hampshire | <input type="checkbox"/> New Jersey | <input type="checkbox"/> New Mexico | <input type="checkbox"/> New York | <input type="checkbox"/> North Carolina |
| <input type="checkbox"/> North Dakota | <input type="checkbox"/> Ohio | <input type="checkbox"/> Oklahoma | <input type="checkbox"/> Oregon | <input type="checkbox"/> Pennsylvania | <input type="checkbox"/> Rhode Island | <input type="checkbox"/> South Carolina | <input type="checkbox"/> South Dakota |
| <input type="checkbox"/> Tennessee | <input type="checkbox"/> Texas | <input type="checkbox"/> Utah | <input type="checkbox"/> Vermont | <input type="checkbox"/> Virginia | <input type="checkbox"/> Washington | <input type="checkbox"/> West Virginia | <input type="checkbox"/> Wisconsin |
| <input type="checkbox"/> Wyoming | <input type="checkbox"/> Guam | <input type="checkbox"/> Puerto Rico | <input type="checkbox"/> US Virgin Is. | <input type="checkbox"/> Washington DC | | | |

4. PLEASE LIST EACH CONNECTICUT OFFICE AND PROVIDE THE NAME AND LICENSE NUMBER OF THE INDIVIDUAL IN CHARGE. (Permit holders are required to notify the Connecticut State Board of Accountancy, **in writing**, within thirty days of any change of e-mail, phone number or location of offices within this state, and change in the identity of the persons in charge of such offices.) (Please attach separate sheet if necessary)

Office address:	Office address:
Individual in charge: _____ (name)	Individual in charge: _____ (name)
License No: _____	License No: _____
PH No. () - FAX No. () -	PH No. () - FAX No. () -
Email address: _____	Email address: _____

PLEASE COMPLETE THE REVERSE

5. PLEASE LIST ALL PROPRIETORS, PARTNERS AND SHAREHOLDERS OF THE FIRM WHOSE PRINCIPAL PLACE OF BUSINESS IS IN CONNECTICUT, WHO PERFORMS PROFESSIONAL SERVICES IN CONNECTICUT AND WHO WORKS IN CONNECTICUT (Please attach separate sheet if necessary)

<u>Name of Partners or Shareholders</u>	<u>CT License No.</u>	<u>Name of Partners or Shareholders</u>	<u>CT License No.</u>
_____	_____	_____	_____
_____	_____	_____	_____

6. PLEASE LIST ALL PERSONS IN CHARGE OF ATTEST & COMPILATION SERVICES RENDERED IN CONNECTICUT (Please attach a separate sheet if necessary).

<u>Name</u>	<u>State & License. No.</u>	<u>Name</u>	<u>State & License. No.</u>
_____	_____	_____	_____
_____	_____	_____	_____

7. Non-Licenses Owners (Please attach a separate sheet if necessary).

Percent of the firm owned by licensees: _____ Percent of the firm owned by non-licensees: _____

<u>Name of Owner(s):</u>	<u>Percent Ownership%</u>	<u>State & Lic. No. (if applicable)</u>
_____	_____	_____
_____	_____	_____

8. PEER REVIEW (ALSO KNOWN AS QUALITY REVIEW)

As required by Section 20-281 of the Connecticut General Statutes all firms subject to Peer Review must file a copy of the Peer Review Report and a copy of the letter of acceptance by an authorized review body to the Connecticut Board within 30 days of acceptance by the review body. **Failure to provide the Peer Review Report to the Connecticut Board could result in the initiation of discipline and enforcement proceedings.**

Complete **only** if a waiver from a Peer Review in 2014 is being requested. Last peer review date _____

In order for a firm to be waived from a Peer Review in 2014 the following must be completed.

On behalf of the firm named in this application, I hereby request that the Peer Review requirement for this firm for 2014 be waived for the following reason:

- The firm will not perform audits, reviews, compilations of historical financial statements or examination of prospective financial statements during 2014, and did not perform such engagements in 2013.
- Military Service.
- Illness (attach copy of doctor's report).
- Individual hardship or other good cause (please specify in an attached letter)

9. I hereby certify that the information on this form is correct and the statements made herein are true and complete.

Signature of sole proprietor, managing partner or officer

Date

****Mail Completed Application with payment made payable to the Treasurer State of Connecticut. For credit card payment, please download a Credit Card Payment Sheet at www.sots.ct.gov. Complete and submit with this form to the address below.**

****Mail Completed Applications to: Connecticut State Board of Accountancy
Payment Center
P.O. Box 150477
30 Trinity Street
Hartford, CT 06115-0477**

For inquiries or questions: Please call (860) 509-6179 or send via email sboa@ct.gov